CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

KP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE: Certificate of Death

2. Form No. if available:

3. Type—(cards, paper, etc.) Bound Book

4. Dates:

5. Volume accumulated yearly:

6. Size of Record: Misc.

7. Number of copies made: One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period

a. In Dept. 12 yrs.

b. In Storage Center: Micro. Perm.

c. Total: 12 yrs and Micro. Perm.

10. Equipment and space freed.

11. In your opinion does this record have any historical significance?

YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber M.D. Title: Commissioner of Health Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period

a. In Dept. 12 yrs.

b. In Storage Center: Microfilm Permanent

c. Total: 12 yrs. and Microfilm Permanent

14. Disposal Method

A. [ ] To be sold as scrap or waste paper

B. [X] To be Burned or shredded

C. [ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

Records Management Officer: C P Force Date: 3/28/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec. 1-10-21 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04271

CERTIFICATE OF DEATH.

12 E 04271

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1522 S. First St. ST., 26-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gerhard Henry Rolfes

(a) RESIDENCE NO. 1522 S. First St. ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John H. Rolfes.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Maria E. Hiltzmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Anton Rolfes (Brother)

(Address) 1522 S. First St.

15 Robert P. Harrison, 19

- 1925 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30 1925

17

I HEREBY CERTIFY, That I attended deceased from 11/21, 19.., to 11/30, 1925

that I last saw h alive on 11/29, 1925

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic oedema (Chronic) Myocarditis. Asthma

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. H. McGarrell, M. D.

12/2, 1925 (Address) 633 S. 34

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Dec. 3rd 1925
20 UNDERTAKER	ADDRESS
Lilly & Filer	403 S. Wolfe St.

Spec—12-23-21—E.B.P.S.—400 Bks.

E 04272 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04272

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital Registered No. 161

City of BALTIMORE: (No. Lombard & Greene St., 4-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Somerville

(a) Residence No. Laurel Md St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov. 25, 1925

7-AGE, ...yrs. ....mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER William Matthews Somerville

11-BIRTHPLACE OF FATHER (city or town) Philadelphia (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Laura Edna Giddings

13-BIRTHPLACE OF MOTHER (city or town) Washington (State or Country), D.C.

14- (Informant) Laura Somerville
(Address) Laurel, Md.

15- Filed 2-1925 Robert P. Harrison, Registrar. Deputy Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1925, to Dec. 2, 1925, that I last saw h. m. alive on Dec 2, 1925 and that death occurred, on the date stated above, at 8:00 A m.

The CAUSE OF DEATH* was as follows:

Intra cranial hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Forceps delivery

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

Dec 2, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md — DATE OF BURIAL, 12/5/25

20-UNDERTAKER Geo E Gauch — ADDRESS Laurel Md

Spec.—1-12-23—M&T—500 lbs.

E 04273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04273

1-PLACE OF DEATH St. Agnes Hosp.

CITY OF BALTIMORE: (No. Baltimore and ST. 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Luther Kinsley

(a) RESIDENCE NO. Savage. Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July? 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4		5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Savage - Md
(State or country)

PARENTS

10 NAME OF FATHER Isaac Kinsley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Father
(Address) Savage - Md.

15 Filed DEC 1925, 19 Robert P. Harrison,
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Dec 2, 1925

that I last saw h alive on Dec 2, 1925

and that death occurred, on the date stated above, at 2 P m

The CAUSE OF DEATH* was as follows:

Third degree Burn

Acute toxemia. (Coma)

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No. Clin Examination

What test confirmed diagnosis?

(Signed) Manuel [illegible], M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Savage Md	12/5/25
20 UNDERTAKER Ko. E. French	ADDRESS Laurel Md

Spec.—I-10-21—M&T—1500 Bks. LINDEN AVE. & LAKE DRIVE.

E 04274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04274

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Riviera Apts. 4 D. ST., 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Morris.

(a) RESIDENCE NO. Riviera Apts. 4 D. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Miriam P. Morris.

6 DATE OF BIRTH (month, day, and year) May 3rd. 1866.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesale Shoe 045

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant.

(c) Name of employer

9 BIRTHPLACE (city or town) Scranton, (State or country) Pa.

PARENTS

10 NAME OF FATHER Samuel Morris.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Mrs. Miriam Morris.

(Address) Riviera Apts.

15 2 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1st. 1925.

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1921, to Dec 1st, 1925, that I last saw him alive on Dec 1st, 1925 and that death occurred, on the date stated above, at 4 15 P. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris (Thrombosis of coronary artery)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & angina pectoris

(duration) 4 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

Dec 2, 1925 (Address) 1207 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cheb Shalom Cemetery — DATE OF BURIAL: Dec. 3, 1925.

20 UNDERTAKER: Ward Sondheim — ADDRESS: 118-20 W. Mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 04275

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04275

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3955 Greenmount Av. WARD 41)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard J. McManus

(a) RESIDENCE NO. 3955 Greenmount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 10 - 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	-	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of Industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Bernard McManus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hannah O'Donnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hannah McManus (Address) 3955 Greenmount Av.

15 Filed DEC 2 - 1925 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1925 to Dec 1, 1925, that I last saw h.. alive on Nov 30, 1925, and that death occurred, on the date stated above, at 5.00 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 Months yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3955 Greenmount Av

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Edward C. Smith, M. D.

Dec 2 1925 (Address) 1612 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 12/3/1925

20 UNDERTAKER J J Moran

ADDRESS 3000 E. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 04276

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04276

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 218 S. Castle (St.) 7-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Craig

(a) RESIDENCE NO. 218 S. Castle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of: Joseph Craig

6 DATE OF BIRTH (month, day, and year): Aug 15 1836

7 AGE: Years 50 | Months 4 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James Daly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Joseph Craig

(Address): 218 S. Castle St

15 Filed 1925, Robert P. Whitten, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/1 1925

17

I HEREBY CERTIFY, That I attended deceased from 11/20, 1925, to 12/1, 1925.

that I last saw h[illegible] alive on 12/1, 1925.

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) James L Brisbin, M. D.

1925 (Address) 1325 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem | DATE OF BURIAL: 12/4 1925

20 UNDERTAKER: J. J. Moran | ADDRESS: E Balto

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04277

CERTIFICATE OF DEATH.

1-801 ✓

E 04277

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1735 Hope St. 9-6 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary C. Painter

(a) RESIDENCE NO. 1736 Hope St St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A Painter

6 DATE OF BIRTH (month, day, and year) 5 | 21 | 1872

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 31

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Wm Swigert

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Ida Herman

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Edward A Painter (Address) 1735 Hope St

15 [illegible] DEC 3 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov-16, 1925, to Nov-30, 1925, that I last saw her alive on Nov-29, 1925, and that death occurred, on the date stated above, at 12-20 A m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Widal

(Signed) E. Gill Hall, M. D.

Dec 2, 1925 (Address) 1631 E. Fourth av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 12/3 1925

20 UNDERTAKER George J. Ruth — ADDRESS 1725 Harford Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04278 E 04278 178

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 S. Eutaw St. ST. 21-3 WARD)

2-FULL NAME Alver G. Biddle. (C)

(a) RESIDENCE NO 1004 S. Eutaw St- ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 29, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	0	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Clarence Biddle. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore. Md

12 MAIDEN NAME OF MOTHER Laura Jolly. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Sadie Biddle. (C) grandmother
(Address) 530 N. West St.

15 DEC 3 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 30, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suffocation due to a fire in a room of unknown origin. Accidental Death

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner)

Nov, 30, 1925 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 12/3/1925

20 UNDERTAKER Dane Easton — ADDRESS 916 Pa ave

Spec. 7-10-21—M&T—1500 Bks.

1942

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04279

CERTIFICATE OF DEATH.

E 04279

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 14-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Johnson -

(a) RESIDENCE NO. 1920 Bunt ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colord

5 Single, Married, Widowed, or Divorced, (write the word): child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Marshall Gilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Dorothy Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed DEC 3 - 1925 ROBERT A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1925, to Nov. 29th, 1925; that I last saw him alive on Nov. 29th, 1925; and that death occurred, on the date stated above, at 9 15 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Alex Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	12/3/1925
20 UNDERTAKER David Easton	ADDRESS 916 Ca ne

Cor.—1-12-23—M&T—100 Bks.

04280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

04280
7H-001

22-2

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Arundel Ship Building Co. ST., Fairfield WARD)

2-FULL NAME John Needles Lamb.

(a) RESIDENCE NO 40 E. Montgomery Street. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

a If married, ~~widowed, or divorced~~
HUSBAND of
~~the~~ WIFE of Mina M. Lamb.

DATE OF BIRTH (month, day, and year) February 23, 1857.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	7.	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Thomas P. Lamb.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Ella R. Mills.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

Informant Mina M. Lamb. (wife).
(Address) 40 E. Montgomery Street.

Filed DEC 3 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 30, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt (Coroner.) , M. D.

Dec. 1st, , 192 5 (Address) 1017 S. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec. 3 192 5

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec—12-23-24—E.B.R.S.—4[illegible] Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

X/6 E-001 E 04281

CERTIFICATE OF DEATH.

1-PLACE OF DEATH E 04281 Registered No.....

City of BALTIMORE: (No. University Hosp. St., H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Baby Girl Stover

(a) Residence No..... Hanover Penna, ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 hours How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 1st 1925

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 21 hrs. and 18 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), Penna

PARENTS.

10-NAME OF FATHER, Chester Monroe Baker

11-BIRTHPLACE OF FATHER (city or town)..... Hanover
(State or Country), Penna

12-MAIDEN NAME OF MOTHER, Helen Margaret Stover

13-BIRTHPLACE OF MOTHER (city or town)..... Hanover
(State or Country), Penna.

14- (Informant) Helen Stover

(Address)..... Hanover Penna

15-

Filed ..... 192.... ROBERT N. KRAUSS, Registrar.

DEC 3 - 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec-2, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1925 to Dec 2, 1925

that I last saw h[illegible] alive on Dec 2, 1925

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Unknown

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D.

Dec. 2 1925 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ..., 19....

20-UNDERTAKER, Commissioner Health.

ADDRESS

For Fun. 2 weeks.

DEC 3 - 1925

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04282

CERTIFICATE OF DEATH

161-001

E 04282

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St., 17-V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby Girl Butler

(a) Residence No. 567 W. Biddle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 35 min How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 30, 1925

7-AGE, ...yrs...mos...ds. If LESS than 1 day, 35 hrs. or ~~min.~~?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Infant

(b) General nature of Industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town)... Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Black

11-BIRTHPLACE OF FATHER (city or town) Shadyside (State or Country), Va

12-MAIDEN NAME OF MOTHER, Alberta Patricia Butler

13-BIRTHPLACE OF MOTHER (city or town) Saratoga Springs (State or Country), N.Y.

14- (Informant)... Alberta Butler

(Address)... 567 W. Biddle St.

15- Filed DEC 3 - 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 30, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1925 to Nov. 30, 1925

that I last saw her alive on Nov. 30, 1925

and that death occurred, on the date stated above, at 5 30 P.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary) Unknown

(Duration)...yrs...mos...ds.

18-Where was disease contracted if not at place of death?...

Did an operation precede death? No Date of...

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed)... Frederick P. Sander, M. D.

Nov 30, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, ...

DATE OF BURIAL, ..., 19...

20-UNDERTAKER, ...

ADDRESS ...

JOHNS HOPKINS HOSP. Commissioner Health DEC 3 - 1925

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04283 — 16 — E 04283

1-PLACE OF DEATH E 04283 — Registered No. 21-2

City of BALTIMORE: (No. 1344 S. Cleveland St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby Boy Burley

(a) Residence No. 1344 S. Cleveland St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 30 min ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 1st 1925

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Infant

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Leonard James

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Charlotte N.C.

12-MAIDEN NAME OF MOTHER, Lillie Burley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Anne Arundel Co. Md.

14-

(Informant)... Lillie Burley

(Address)... 1347 S. Cleveland St.

DEC 3 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec. 1st 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1925 to Dec 1, 1925

that I last saw him alive on Dec 1, 1925

and that death occurred, on the date stated above, at 10 30 P.M.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) ....yrs. ....mos. 30 min ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?...

Did an operation precede death? No Date of...

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Frederick A. Snyder M. D.

Dec 1, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. HOPKINS HOSPITAL

DATE OF BURIAL, ..., 19....

20-UNDERTAKER, Bur. Municipal Health

ADDRESS DEC 3 - 1925

Spec.—1-10-21—M&T—1500 Bks.

E 04284

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 04284

CERTIFICATE OF DEATH.

1-PLACE OF DEATH W.

CITY OF BALTIMORE: (No. 924 Mulberry ST. 18-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl Williams

(a) RESIDENCE NO. 924 Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.M	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 17 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
		2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — 000

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ..... (State or country) Balto.

PARENTS

10 NAME OF FATHER Jno. Smith

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) U.S.

12 MAIDEN NAME OF MOTHER Carrie Williams

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) U.S.

14 Informant Carrie Williams
(Address) 924 Mulberry St.

15 Filed DEC 3 - 1925 ROBERT R. KRAUER, Registrar
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1925

17 I HEREBY CERTIFY, That I attended deceased from ~~Nov~~ 1, 1925, to Dec 6, 1925, that I last saw him alive on Dec 4, 1925, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) — (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Wm. A. Wagner, M. D.

Dec. 5, 1925 (Address) 1005 E. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cemetery

DATE OF BURIAL Dec. 5 1925

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04285

CERTIFICATE OF DEATH.

18 E 04285

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Easton Pier, ST., 5-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Cook

(a) RESIDENCE NO. 207 N Edem ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) Ofk
(c) Name of employer

BIRTHPLACE (city or town) York town Va
(State or country)

10 NAME OF FATHER Chas Cook

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Pattie Vernon

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant (Address) 529 W Lexington

Filed ... H. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Drowning

(Duration) Asphyxia yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) G C Blades, M. D.
Dec 3rd 1925 (Coroner) (Address) 143 Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fort Town — DATE OF BURIAL 12/3 1925

20 UNDERTAKER Samuel E Hensley — ADDRESS 578 W Baltimore

Cor.—1-12-23—M&T—100 Bks.

E 04286

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04286

CERTIFICATE OF DEATH.

X 197

1-PLACE OF DEATH 3 foot alley

CITY OF BALTIMORE: (No. 638 N. Mulberry ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Carter

(a) RESIDENCE NO. 638 N Mulberry ST., WARD Chase City Va

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widower

6a If married, widowed, ~~or divorced~~ HUSBAND ~~or WIFE~~ of: Viola Carter

6 DATE OF BIRTH (month, day, and year): Aug. 1890

7 AGE: Years 35 | Months 3 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Chase City Va

10 NAME OF FATHER: Willis Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Matilda Gills

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mamie Rodgers
(Address) 2415 McCulloh St

DEC 3 - 1925

ROBERT A. KRAUTER, Registrar of Vital Statistics
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Homicide

Gun Shot wound

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

(Signed) C C Yates, M. D.

Dec 1st, 192 (Coroner) (Address) 43 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chase City Va

DATE OF BURIAL 12/4 1925

20 UNDERTAKER: Smith Hensley

ADDRESS 528 N Eutaw

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04287

CERTIFICATE OF DEATH.

90 E 04287

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 Raborg ST. H-1 WARD)

2-FULL NAME Isabelle Smith

(a) RESIDENCE. NO. 739 Raborg ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col'd	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Fannie Smith

(Address) 739 Raborg

15 Filed DEC 3 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 19 25, to Nov 30, 19 25, that I last saw h alive on Nov 29, 19 25, and that death occurred, on the date stated above, at 12 20 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Pneumonia

Ex. to Coronary

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Norwood, M. D.

Dec 1, 19 (Address) 929 N Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	12/3 1925
20 UNDERTAKER Samuel Hemsley	ADDRESS 538 Baltimore

Spec—12-23-21—E.B.R.S.—400 Blks.

E 04288 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04288

CERTIFICATE OF DEATH.

Registered No. 13

1-PLACE OF DEATH

City of BALTIMORE: (No. 1103 Wagon alley St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Harris

(a) Residence No. 1103 Wagon alley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Joseph Harris

6-DATE OF BIRTH (month, day and year) March 16-1901

7-AGE. 24 yrs. 8 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS

10-NAME OF FATHER Wm Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md

12-MAIDEN NAME OF MOTHER Estelle Sugars

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md

14-

(Informant) Joseph Harris

(Address) 1103 Wagon alley

DEC 3 - 1925

Filed 192 ROBERT R. KRAMER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12/1/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1925, to Dec 1 1925

that I last saw her alive on Dec 1 1925,

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pyelitis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

(Signed) H S McCaul M. D.

12/2 1925 (Address) 2005 O'Sullivan

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL, 12/5 1925

20-UNDERTAKER Samuel Wensley

ADDRESS 538 W Baltimore St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04289 31 E 04289

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) (W.) 1-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph C Posey

(a) RESIDENCE NO. 668 W. Franklin st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not stated

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Washington Posey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Roberta Edlen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records

(Address)

15 Filed DEC 3 - 1925 Burial R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 2, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to Dec. 2, 1925, that I last saw him alive on Dec. 2, 1925, and that death occurred, on the date stated above, at 12.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. D. McLane M. D.

12-2-25, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 12/5/ 1925

20 UNDERTAKER: Henry W. Meares & Son — ADDRESS: 805 N. Calvert St.

Spec. 1-10-21 M&T 1500 lbs.

E 04290

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 04290

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 E. Fairmount Ave ST., 6-1 WARD)

2-FULL NAME Margrett Tisdale

(a) RESIDENCE No 1516 E. Fairmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. dy.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colord

5 Single, ~~Married, Widowed,~~ or ~~Divorced, (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): March 3 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	3	3 8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Tisdale

11 BIRTHPLACE OF FATHER (city or town) (State or country): S.C

12 MAIDEN NAME OF MOTHER: Jenerig Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S C

14 Informant: Mr Father John Tisdale

(Address): 1516 E Fairmount Ave

15 Filed DEC 3 - 1925 RUPERT B. KRAUSER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 1-1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1 — 1925, to Dec. 1 — 1925, that I last saw her alive on Dec. 1 — 1925, and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 2 dy.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Dr. S. W. Kennard M. D.

12-2 1925 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laural Cem

DATE OF BURIAL: Dec 3 1925

20 UNDERTAKER: Mrs R A Elliott

ADDRESS 1725 Ashland Ave

Spec.—1-12-23—M&T—500 Blks.

E 04291 HEALTH DEPARTMENT—CITY OF BALTIMORE

66 E 04291

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1109 Edmondson Ave. ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis P. Claby

(a) RESIDENCE No. 1109 Edmondson Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 26 1876

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
49	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chemist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Lewis F. Claby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret V. Cassidy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Kate J. Cole

(Address) 1109 Edmondson Ave.

15 DEC 3 - 1925 MURRAY B. KRAUTH, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1 19 25

17

I HEREBY CERTIFY, That I attended deceased from Aug 24, 1925, to Dec 1, 1925,

that I last saw him alive on Dec 1, 19

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. sym.

(Signed) Murray B. Krauth, M. D.

12-2 25 (Address) 1106 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Dec 4 1925

20 UNDERTAKER Jos Block — ADDRESS 1003 W Balto

Cor.-1-12-23—M&T—100 Bks.

04292

HEALTH DEPARTMENT—CITY OF BALTIMORE

179 E 04292

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Standard Oil Works Canton ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Henry Kirkwood.

(a) RESIDENCE NO. 236 E Franklin Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Kirkwood

6 DATE OF BIRTH (month, day, and year) March 26-1895

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	30	8	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stillman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Standard Oil Co.

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Geo H. Kirkwood, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Zehberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mary E. Kirkwood
(Address) 236 E Franklin ave

15 Filed DEC 3 - 1925 PAUL R. KRAUTER, Registrar

Burial Permit Corr.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows: Explosion Accident (Accd) Burns.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock (duration) yrs. mos. 1 ds.

(Signed) Geo C Blades M. D.
(Coroner.)

Dec 2/25 192 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL Dec 4 1925

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Blks.

04293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04293

74-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Warner St. 21-3 WARD)

2-FULL NAME John Chew

(a) RESIDENCE NO. 912 Warner ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colord

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Chew

6 DATE OF BIRTH (month, day, and year) June 1856

7 AGE 69 Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER John Chew

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Francis Chew (Address) 912 Warner st

15 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1925, to Nov 31, 1925, that I last saw him alive on Nov 30, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles A. Harlan M. D.

Dec 2, 1925 (Address) 112 S. Sharp Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Dec 4 1925

20 UNDERTAKER John H. Frazier — ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

E 04294

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 04294

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N. Patterson Park Ave. ST., 6-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kunigunda Hagengast.

(a) RESIDENCE NO. 711 N Patterson Pk Ave ST., 6 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 2 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ....min.
	67	5 4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER George Hagengast.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ger.

12 MAIDEN NAME OF MOTHER Kunigunda Koenig

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ger.

14 Informant Elizabeth M. Hagengast.
(Address) 711 N. Patterson Pk Ave

15 Filed ..... 19 ..... Registrar

3 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 27 1925 to Dec 1 1925
that I last saw h... alive on Nov 30 1925
and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Hypertrophy of Heart
Chronic Arthritis
Nephritis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) F. Ted Runniff M. D.

12-2 1925 (Address) 800 N Bath Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cem.	Dec 4 1925
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe

Spec.—1-10-21—M&T—1500 Blks.

E 04295

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04295

CERTIFICATE OF DEATH.

REGISTERED NO. 76-7 162

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3823 Foster Ave. ST., WARD)

2-FULL NAME Herbert Way.

(a) RESIDENCE No. 3823 Foster Ave. ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 1-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Herbert Way.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Gunthersberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Herbert Way (Address) 3823 Foster Ave.

15 Filed 12-3 1925, 19 Robert F. Harriger, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/2, 1925, to 12/2, 1925, that I last saw h.. alive on 12/2, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Hemophilia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hemorrhage from bowel

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Garrell, M. D.

12/2, 1925 (Address) 633 - 5 - 3rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Dec. 3rd 1925.

20 UNDERTAKER Tilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

04296

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

100 E 04296

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Genl Hospt 24-1 (Ward)

2-FULL NAME Allen Goeller. (Adam Goeller)

(a) RESIDENCE No. 15 W. H. St Spanows Point. (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Goeller

6 DATE OF BIRTH (month, day, and year) March 22 - 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Goeller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Frank Goeller Son

(Address) 15 W. St Spanows Pt.

15 Filed - 1925, 19 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 25, 19 5, to Dec 1, 19 25.

that I last saw h... alive on Dec 1 19 25.

and that death occurred, on the date stated above, at 5 15 P. M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) J. Nelson, M. D.

, 19 (Address) 12 W. Eight St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cem. DATE OF BURIAL Dec. 4th 1925

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Cor.—1-12-23—M&T—100 Bks.

E 04297

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 04297

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 1309 Ashland Ave ST. 10-2 WARD)

2-FULL NAME Philip Preston [redacted]

(a) RESIDENCE NO. 1309 Ashland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Preston

6 DATE OF BIRTH (month, day, and year) Jan/1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer 023

(b) General nature of industry, business, or establishment in which employed (or employer) Moving Van

(c) Name of employer Jos Piccola

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER Saml Preston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Rachel Talbott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md

14 Informant Jas Benj. Preston (Bro)

(Address) 1439 E. Fayeetee St

15 Filed [illegible] 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) ... yrs. about mos. 5 ds.

CONTRIBUTORY (Secondary) Exposure

(duration) ... yrs. ... mos. ... ds.

(Signed) J. S. H. Pollen (Coroner.), M. D.

12-3-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Towson Md	12/5th 1925
20 UNDERTAKER	ADDRESS
Jas. Sw. Skinner	Towson Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04298 E 04298 31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 N Luzarn ave ST. 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John D Neubauer

(a) RESIDENCE NO. 531 N Luzarn ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Singel

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 21 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cusser

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Hauffmann

(Address) 531 Luzarn ave

Filed 1925 . 19 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 29 1925 to Dec 1 1925

that I last saw him alive on Dec 1 1925

and that death occurred, on the date stated above, at 6.00 0 m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) a mild Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Neubauer

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) F. W. Thumper M. D.

12-2 1925 (Address) 606 N Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Dec 4 1925

20 UNDERTAKER Wendell Appel & Son ADDRESS 370

Spec.—1-10-21—M&T—1500 Bks.

E 04299

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04299

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 Clifton Park Terrace WARD)

2-FULL NAME Ella E Gill

(a) RESIDENCE NO. 2926 Clifton Park Terrace WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hechman J Gill

6 DATE OF BIRTH (month, day, and year) Nov 16 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt County

14 Informant Landlady

(Address) 2926 Clifton Park Terrace

15 Filed DEC 3 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1925, to Dec 2, 1925, that I last saw h alive on Dec 2, 1925, and that death occurred, on the date stated above, at 7.20 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. V. Freeman M. D.

Dec 3, 1925 (Address) 718 N Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL Dec 5 1925

20 UNDERTAKER Wendell Dyfel & Son

ADDRESS 378 Wmn

Cor.—1-12-25—M&T—100 Blks.

E 04300

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04300

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital (ST.) 19-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James D. Bailey

(a) RESIDENCE NO. 121 S. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Bailey

6 DATE OF BIRTH (month, day, and year) May 13/1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bealeton Va

PARENTS

10 NAME OF FATHER James S. Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

12 MAIDEN NAME OF MOTHER Susan A. Kramer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant (Address) Lula Bailey 121 S. Monroe St

15 Filed 1925, 192 Robert P. Harrison Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia-Gasoline was accidentally thrown on him that had become lighted while cleaning an automobile on Nov 13/25 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Jesse Bowen, M. D. (Coroner.)

12/3/25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bealeton Va	Dec 3rd 1925

20 UNDERTAKER J. B. Wishart ADDRESS 1850 N. Gaile Ave

Spec.—1-10-21—M&T—1500 Bks.

E 04301 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04301

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Hilburn av ST., 20-16 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Miller

(a) RESIDENCE NO. 2207 Hilburn av ST., 20th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Jacob Miller

6 DATE OF BIRTH (month, day, and year): July 15 1857

7 AGE — Years: 72 — Months: 4 — Days: 17 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Hungary

PARENTS

10 NAME OF FATHER: Peter Degan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungary

12 MAIDEN NAME OF MOTHER: Katherine Kriel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hungary

14 Informant: Mrs Keller

(Address) 2207 Hilburn av

15 Filed 1925, 19 Robert P. Harrison, Registrar

(Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1925 to Dec 2 1925, that I last saw her alive on Dec 2 1925, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Asthenia following Endocarditis Chr Interstit. Nephritis, Senile Gangrene

(duration) Unknown mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) Norbert A Rehrich, M. D.

12/3, 1925 (Address) 2157 Hilburn av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 5 1925

20 UNDERTAKER: H B Shefsiut — ADDRESS: 850 N Gilmor St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04302 E 04302

CERTIFICATE OF DEATH.

167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Cambridge ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. M. Single

(a) RESIDENCE NO. 2228 Cambridge ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Sophia Single

6 DATE OF BIRTH (month, day, and year) Aug 9 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	4	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Packing House
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Single

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Helen Krug

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Henry G Single
(Address) 2228 Cambridge St

15 Filed 3 1925, 192 Robert P. Harrison Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Gas Poisoning, Ill.
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Asphyxia
(duration) yrs. mos. ds.

(Signed) G C Wades, M. D.
(Coroner)
Dec 3 1925, 192 (Address) 143 N Bway

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	Dec 4 1925
20 UNDERTAKER	ADDRESS
Louis Heemann	326 Broadway

Burial Permit Issued

Spec.—1-10-21—M&T—1500 Blks.

E 04303 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04303

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Ashburton ST., 16-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia B Luchman

(a) RESIDENCE No. 1023 Ashburton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 21/20

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balt
(State or country)

PARENTS

10 NAME OF FATHER Henry J Luchman

11 BIRTHPLACE OF FATHER (city or town) Balt
(State or country)

12 MAIDEN NAME OF MOTHER Betsie Crowley

13 BIRTHPLACE OF MOTHER (city or town) Balt.
(State or country)

14 Informant Henry J Luchman
(Address) 1023 Ashburton St

15 FEB 3 - 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 27th 1925 to Dec 29 1925.

that I last saw h e alive on Dec 29 1925

and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis.

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Malnutrition.

(duration) — yrs. one mos. 14 ds.

18 Where was disease contracted if not at place of death? Usual death

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/2 1925 (Address) 1706 Hilton and

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. | DATE OF BURIAL 12 5 1925

20 UNDERTAKER Geo J Ruth | ADDRESS 1735 Hanford Av

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

E 04304

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04304

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hosp 9-7 + 90 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Edward Tyler

(a) RESIDENCE NO. Road 3 St Johns Lane ST. WARD

(Usual place of abode) Howard County, Ellicotts city (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Male~~

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sula V. Tyler

6 DATE OF BIRTH (month, day, and year) May 29, 1902

7 AGE Years 23 Months 6 7 Days 4 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Milling on Farm

(c) Name of employer J. B. Clark

9 BIRTHPLACE (city or town) (State or country) Howard County Md

PARENTS

10 NAME OF FATHER Fletcher Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard County Md

12 MAIDEN NAME OF MOTHER Susie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard County Md

14 Informant Fletcher Tyler

(Address) Ellicott City Md

Filed 3-7-1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1925, to Dec 3, 1925, that I last saw him alive on Dec 3, 1925, and that death occurred, on the date stated above, at 11.55 a.m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis (Mitral Regurgitation)

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Findings

(Signed) J. Joseph Toohey, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Liberty Church Cem DATE OF BURIAL Dec. 6, 1925

20 UNDERTAKER Easton Son ADDRESS Ellicott City

Spec. 10-10-21—M&T—1500 Blks.

(Katie Hervatin)

1864 7

E 04305

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04305

+179

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Hervatin

(a) RESIDENCE NO. 154 Pike ST. WARD

(Usual place of abode) Monongah, W. Va. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1/ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 1890

7 AGE: Years 35. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework -

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Tony Lysich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Bubnich -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19..... Robert P. Harrison, Registrar

3 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3rd 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 26, 1925, to Dec 3, 1925,

that I last saw her alive on Dec 3, 1925,

and that death occurred, on the date stated above, at 3:50 p.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Uraemia

(duration) 1 yrs. " mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In hosp Va

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy + blood specimen

(Signed) E. Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmont W Va

DATE OF BURIAL: 12/5/25

20 UNDERTAKER: Joseph Abrams

ADDRESS: 24 Hanover

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04306 44 E 04306

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 31 WARD)

2-FULL NAME Hyman Friedman

(a) RESIDENCE NO. 1129 E. Lombard ST., WARD Rear 3

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? 16 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher Shochet

(b) General nature of industry, business, or establishment in which employed (or employer) 065

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Aaron Friedman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Faya

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Rebecca Friedman

(Address) 1129 E Lombard St

15 Filed DEC 4 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/16, 1925, to 12, 3, 1925,

that I last saw h~~im~~ alive on 12-3, 1925,

and that death occurred, on the date stated above at 3:15 p.m.

The CAUSE OF DEATH* was as follows:

~~Uremia~~

Malignant papilloma of bladder with metastasis

(duration) 1 yrs. , mos ds.

CONTRIBUTORY (Secondary) cardiac failure

Uremia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? cystoscopic exam. ?

(Signed) Philip Carpenter, M. D.

12/3, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run

DATE OF BURIAL Dec 4 1925

20 UNDERTAKER S Lemmon Bro

ADDRESS 1127 Balto St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04307

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen'l Hospt ST., 24-1 WARD) 90

REGISTERED NO. E 04307

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Van Chaney

(a) RESIDENCE NO. 26 Moale St. ST., WARD Whitney Landing Gale.

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Christina Chaney

6 DATE OF BIRTH (month, day, and year): ~~Baltimore~~ (Don't know)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): A.A. Co. Md.

PARENTS

10 NAME OF FATHER: Richard Chaney

11 BIRTHPLACE OF FATHER (city or town) (State or country): A.A. Co. Md

12 MAIDEN NAME OF MOTHER: Elizabeth Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): A.A. Co. Md.

14 Informant: Richard Chaney (Address): Severn Park P.O. A.A. Co. Md.

15 Filed ... 19... Registrar

DEC 4 - 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1925.

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1925, to Dec 2, 1925, that I last saw him alive on Dec 2, 1925, and that death occurred, on the date stated above, at 1.05 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism.

(duration) ... yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis.

(duration) 40 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James H. Wyglon M. D.

12/2, 1925 (Address) 1001 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Whitneys Landing Cem. A.A. Co. Md.

DATE OF BURIAL: Dec 4 1925

20 UNDERTAKER: Margaret L. Flynn

ADDRESS: 1722 Light St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04308 CERTIFICATE OF DEATH. 159-002 E 04308

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Frederick Ave St., 19-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Marie Dore

(a) RESIDENCE No. 1800 Frederick Ave St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
		1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Denis P. Dore Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Anna A. Travers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) East Orange New Jersey

14 Informant Denis P. Dore Jr
(Address) 1800 Frederick Ave

15 DEC 4 - 1925 ROBERT A. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 - 1925, to Dec 3 - 1925, that I last saw h alive on Dec 3 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

over

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert E. Nitch M. D.

12/5/ 1925 (Address) 2151 Wilkens av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Dec 4 1925

20 UNDERTAKER George J. Smith — ADDRESS 1532 Hollins

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04309 E 04309

CERTIFICATE OF DEATH.

100-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospt. St., 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Baggett Hinds

(a) Residence No. 4105 Belvieu Ave. St., W. Arlington Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Wm S. Hinds

6-DATE OF BIRTH (month, day and year) Aug. 10th 1872

7-AGE. 53 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)..... 645

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles Hinds

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Rachel Cumwalt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Mrs Mary Lewis Hinds

(Address) 4105 Belvieu

15-

Filed ..... 192 ..... RUDOLPH E. KRAUSER Registrar.

DEC 4 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 3rd 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 25 1925 to Dec. 3rd 1925 that I last saw him alive on Dec 3rd 1:10 AM 1925 and that death occurred, on the date stated above, at 1:10 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Emphysema

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Baltimore, Md.

Did an operation precede death? Yes Date of Nov 25 1925

Was there an autopsy? Yes Emphysema

What test confirmed diagnosis? Autopsy.

(Signed) Raymond T. Johnston M. D.

, 19 (Address) Union Memorial Hospital.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Dec 5 1925
20-UNDERTAKER.	ADDRESS
George L. Smith	153 Holliday St

Spec.—1-10-21—M&T—1500 Blks.

Tyler

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04310

CERTIFICATE OF DEATH.

113 E 04310

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 79 S Forge St. 17 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Tyler.

(a) RESIDENCE NO. 79 S Forge ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct. 16. 20

7 AGE Years 1 Months 7 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Tyler

(Address) 79 S Forge St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1920

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22 1920 to Dec 30 1920

that I last saw he alive on Dec 22 1920

and that death occurred, on the date stated above, at ✓ A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

12/2, 1920 (Address) 724 Mass. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 12/4 20

20 UNDERTAKER Samuel B. Hemsley

ADDRESS W Balto

E04 - 1925 BURIAL & REMOVAL Burial Permit Clerk

Spec.—10-21—M&T—1500 Bks.

E 04311 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04311

CERTIFICATE OF DEATH.

1868 114

1-PLACE OF DEATH Johns Hopkins Hospital 17-3 REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lydia Meekins

(a) RESIDENCE No. 669 Bradley St. St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) April 28 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Meekins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Hattie Cyre

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Ricardo (Address) Johns Hopkins Hospital

15 Filed ..... 19 ..... Robert V. Krauter, Registrar

DEC 4 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 2 — , 1925, to Dec 2 — , 1925, that I last saw her alive on Dec 2 — , 1925, and that death occurred, on the date stated above, at 2.20 p. m.

The CAUSE OF DEATH* was as follows:

Ulcerative Colitis

(duration) yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) None —

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic section

(Signed) Chester S. Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. | DATE OF BURIAL: 12/4 1925

20 UNDERTAKER: Samuel Hanesley | ADDRESS: Middle

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04312

90E 04312

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Barclay ST., 17-4 WARD)

2-FULL NAME Louise Barry Dempsey

(a) RESIDENCE NO. 2106 Barclay ST., 12 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 9 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

6a If ~~married~~, widowed, or ~~divorced~~

~~HUSBAND of~~

(or) WIFE of Late John B. Dempsey

6 DATE OF BIRTH (month, day, and year) March 4th 1840

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85	9 8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER John L. Barry

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Hanson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

Informant: Wm. M. Hesh

(Address) 2106 Barclay ST

ROBERT R. KRAUTER,

DEC 4 - 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Dil of Heart,

Broken Compensation (duration) yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos ds.

(Signed) I. G. C. Hades, M. D. (Coroner)

Dec 4 192 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Dec 5 1925

UNDERTAKER: Henry J. Jenkins & Son

ADDRESS: Richard and Caroline

Cor.—1-12-23—M&T—100 Bks.

E 04313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. 25-003 E 04313

CITY OF SALTIMORE. No. Eastern Ave at Bunker Hill Rd ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Wolf,

(a) RESIDENCE NO. 2129 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6 DATE OF BIRTH (month, day, and year) Jan 28 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	10	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Polisher
(b) General nature of industry, business, or establishment in which employed (or employer) 062
(c) Name of employer Union Bus.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ida Wolf
(Address) 2129 E Chase St

DEC 4 - 1925 HUBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Auto Accident
Multiple Fractures
Shock
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) G. E. Blades, M. D.
(Coroner.)
Dec 3 1925 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Dec	6 1925
20 UNDERTAKER	ADDRESS
Wm Cook	902 E Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04314

CERTIFICATE OF DEATH.

129 E 04314

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 W North ave St. 13-6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalie W Tyler Dixon

(Residence in Baltimore: No. 920 W North ave St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov (Month) 15 (Day), 1867 (Year)

7-AGE, 58 yrs. mos. 17 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Covington La.

PARENTS.

10-NAME OF FATHER, Robert F Clute

11-BIRTHPLACE OF FATHER (State or Country), N.Y.

12-MAIDEN NAME OF MOTHER Diana Netherton

13-BIRTHPLACE OF MOTHER (State or Country), Mo.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie H. Dixon

(Address) 920 W. North Ave

15-

DEC 4 - 1925

HUBERT A. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 2 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1925, to Dec 2 1925, that I saw h alive on 191, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

General Cachexia

(Duration) ½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 12 ds.

(Signed) W. F. Smith M. D.

Dec 3, 1925 (Address) 11 E Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, Dec 6, 1925

20-UNDERTAKER Wm Cook ADDRESS 502 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04315

E 04315

CERTIFICATE OF DEATH.

6-374-001

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137, Port ST.; 6-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delia Coe

(Residence in Baltimore: No. 1137 Port St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Aug. (Month) 15 (Day), 1853 (Year)

7-AGE, 72 yrs. 3 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. May Mayer

(Address) 113 N. Port St

15- DEC 4 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec. (Month) 3 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 30 1925, to Dec. 3 1925, that I saw h.. alive on Dec. 2, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

..... Cerebral Hemorrhage

.....

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... E. L. Perrigo ..... M. D.

Dec. 3, 1925 (Address) 5-14 Drury Lane

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cemetery

DATE OF BURIAL, Dec. 5, 1925

20-UNDERTAKER Henry Lutz

ADDRESS 1203 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

18C741
E 04316

11-002
E 04316

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 1-3 WARD)

2-FULL NAME Gladys Morgan

(a) RESIDENCE No. 919 S Linwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) March 30, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Gladys Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

DEC 4 - 1925

HUBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 25, 1925, to Dec 2 - 1925, that I last saw he alive on Dec 2 - 1925, and that death occurred, on the date stated above, at 9:00 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis (Influenza)

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 11-30-25

Was there an autopsy? Yes

What test confirmed diagnosis? Spinal Puncture Bacteriological Cultures

(Signed) Thos. W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Dec 5 1925

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Bks.

04317 E/04317

HEALTH DEPARTMENT—CITY OF BALTIMORE

41-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Fawson ST 24-3 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Miller

(a) RESIDENCE NO. 1412 Fawson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J. Miller

6 DATE OF BIRTH (month, day, and year) April 16, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 15 years

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Elizabeth Kennelly (Address) 1412 Fawson Ave

15 Filed DEC 4 - 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1925, to Dec 2, 1925 that I last saw h alive on Dec 1, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Infirmities of old age

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Robt. L. Campbell M. D.

Dec 3 1925 (Address) 1646 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Dec. 5 1925

20 UNDERTAKER Henry Sandler & Sons Inc. — ADDRESS 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04318 100-001 E 04318

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Mc Kewin Ave ST., 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Schumacher

(a) RESIDENCE NO. 614 Mc Kewin Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine S. Schumacher

6 DATE OF BIRTH (month, day, and year) June 4, 1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	89	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of Industry, business, or establishment in which employed (or employer) Retired 2 years

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Friederich Schumacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cath. Rothemund

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine S. Schumacher

(Address) 614 Mc Kewin Ave

15 Filed 12-6, 1925 AUGUST R. KRAUSE Registrar

Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1925, to Dec 3, 1925, that I last saw him alive on Dec 2, 1925, and that death occurred, on the date stated above, at 2 10 A. m.

The CAUSE OF DEATH* was as follows:

Senility -

(duration) 3 yrs. 7 mos 5 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical

(Signed) John S. Fraley M. D.

12/3, 1925 (Address) 3522 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem. DATE OF BURIAL Dec 5 1925

20 UNDERTAKER H. Sander & Son Inc ADDRESS 1710 E[illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04319 E 04319

CERTIFICATE OF DEATH.

135

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 117 S. Bond ST., 3-2 WARD)

2-FULL NAME John Dillfelder

(a) RESIDENCE NO. 117 S. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. — mos. — ds. How long in U. S., if of foreign birth? 80 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE~~ of late Mary Dillfelder

6 DATE OF BIRTH (month, day, and year) 11 Feby 1840

7 AGE — Years: 85 Months: 10 Days: 9 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O+O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Dillfelder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wm. Dillfelder
(Address) 117 S. Bond St.

15 Filed DEC 4 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov-13 1925, to Dec-1- 1925.

that I last saw h— alive on Dec 1- 1925

and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

General Sepsis - Urinary — Cystitis following Prostatic Hypertrophy

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion —

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Parke Brune M. D.

, 19 (Address) 125 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz

DATE OF BURIAL: 12/5 1925

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St

Spec.—1-12-23—M&T—500 Bks.

Mrs. Bessie Conroy ✓

E 04320

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

91 E 04320

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 347 S. Calhoun St. St. 19-V Ward)

2-FULL NAME Mrs Bessie Conroy

(a) RESIDENCE No. 347 S. Calhoun St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Conroy

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John McManon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Nancy Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary A. Drexel

(Address) 347 S. Calhoun St.

DEC 4 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3, 1925

17

I HEREBY CERTIFY, That I attended deceased from July, 1923, to Dec. 3, 1925,

that I last saw h[illegible] alive on Dec. 2, 1925,

and that death occurred, on the date stated above, at 1:20 A.M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Kavalukas M. D.

12/4/25 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Dec 5 1925

20 UNDERTAKER Guarantee Fahey & Sons — ADDRESS 1927 North Ave

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04321

CERTIFICATE OF DEATH.

E 04321

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-1 WARD)

2-FULL NAME Lilly Mc Murray

(a) RESIDENCE No. 225 E. Pearl St Coldwater Mich WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Late) John McMurray

6 DATE OF BIRTH (month, day, and year) May 7/1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	26 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Matthew Coman

9 BIRTHPLACE (city or town) (State or country) Branch Co Michigan

PARENTS

10 NAME OF FATHER Louis Waldron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mich

12 MAIDEN NAME OF MOTHER Sarah Jordan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mich

14 Informant (Address) Hugh McMurray (son) Coldwater Mich

15 Filed DEC 4 - 1925 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency
(Infarction of myocardiam, autopsy at Hopkins Hospital)
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Diabetes Mellitis, Acidosi
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Potter, M. D.
(Coroner.)

12-4-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ray Snd — DATE OF BURIAL 12/3rd

20 UNDERTAKER Joseph Abrams — ADDRESS 221 Ruy

Spec.—1-10-21—M&T—1500 Bks.

E 04322 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04322

112

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 N. Monroe ST., 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Louise Corsine

(a) RESIDENCE NO. 2003 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Wht	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 20/24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Corsine

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Glen

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mrs Helen Corsine
(Address) 2003 N. Monroe St.

15 Dec 5 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 2 1925 + P.M. to Dec. 2 10 P.M. 1925, that I last saw h alive on Dec 2 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis, with
very rapid brain complications

(duration) 36 hrs yrs. mos. ds.

CONTRIBUTORY (Secondary) Weakness & failing heart

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E. L. Smith, M. D.

12/2, 1925 (Address) 1608 W North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Dec 5 1925

20 UNDERTAKER Josiah Syfer — ADDRESS 1608 W North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 04323

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04323

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3217 (ST.) Pennsylvania Ave (WARD) 19

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen H. Woolford.

(a) RESIDENCE No. 3217 Pennsylvania Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret L. Woolford.

6 DATE OF BIRTH (month, day, and year) Nov 20/1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79.	0	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. gd

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER — Woolford.

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Ruth Crawford. (Address) 3217 Pennsylvania Ave

15 Filed ... 1925 ... 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 30th, 1925, to Dec 3rd, 1925,

that I last saw h alive on Dec 2, 1925,

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(duration) yrs. 6 mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) J. J. Murphy M. D.

12/3, 19 (Address) 3219 Pennsylv

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	12/5. 1925
20 UNDERTAKER Edmonds & Leord.	ADDRESS 3617 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

E 04324

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04324

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5207 Linden Heights ave ST., WARD)

2-FULL NAME Maggie E Wherley

(a) RESIDENCE No. 5207 Linden Heights ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (~~HUSBAND~~ or) WIFE of: Joshua B Wherley

6 DATE OF BIRTH (month, day, and year): Feb 12 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	71	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Frances Garner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Joshua B. Wherley (Address) 5207 Linden Heights ave

15 Filed 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct, 1924, to Dec 3, 1925, that I last saw h~~er~~ alive on Dec. 2, 1925, and that death occurred, on the date stated above, at 8:15 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary): Cardiac dilatation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 6027 Falls Rd

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Examination

(Signed) [illegible], M. D.

Dec 4, 1925 (Address) 342 9 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Freedom Pa.	Dec 5 1925
20 UNDERTAKER: Chenoweth & Son	ADDRESS: 961 Chestnut Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 04325

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04325

CERTIFICATE OF DEATH.

REGISTERED NO. 1174

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 12-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Nathaniel Seckford

(a) RESIDENCE NO. 3604 Hickory Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) June 24 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	26	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Planter

(b) General nature of industry, business, or establishment in which employed (or employer) Ag

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Seckford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mrs Haning

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mother (Address)

15 Filed 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1925, to Dec 3, 1925, that I last saw him alive on Dec 3, 1925, and that death occurred, on the date stated above, at 5-55 P.m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) peritonitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of Dec 2/25

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) E. L. Cooper, M. D.

, 19 (Address) Maryland General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elkton Va — DATE OF BURIAL Dec 6 1925

20 UNDERTAKER Chenoweth Son — ADDRESS 317 Chestnut Ave

Spec.—1-10-21 M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04326

CERTIFICATE OF DEATH.

101 E 04326

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Rutland Av & Monument ST. 3-4 WARD)

2-FULL NAME James Mack

(a) RESIDENCE NO. 83 S Bond St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) June 23/1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	5	10 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Walter Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Emma Lower

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Walter Mack (Address) 1328 Bond St

15 Filed 4-1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1925, to Dec 3, 1925, that I last saw h.. alive on Dec 2, 1925, and that death occurred, on the date stated above, at 4:40 A. m.

The CAUSE OF DEATH* was as follows:

Empyema

Pneumonia (Acute)

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? At home (83 S Bond St)

Did an operation precede death? Yes Date of 12-2-25

Was there an autopsy? No

What test confirmed diagnosis? Aspiration

(Signed) S. Authun Linde, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rood Cem

DATE OF BURIAL June 6 1925

20 UNDERTAKER Frank Crocker

ADDRESS 1906 Eutaw

Spec.—1-10-21—M&T—1500 Bks. MICHALINA KOSCIELSKA. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

04327 E 04327

47

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3025 Durham ST. 2-1 WARD)

2-FULL NAME Michalina Koscielski

(a) RESIDENCE NO. 3025 Durham ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? 40 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W. hite	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Koscielski

6 DATE OF BIRTH (month, day, and year) Sept 15 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Stanley Frankowski

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs C Stanislaus Kutchenreuter
(Address) 2205 Broadway

15 - FILED 1925 Robert F. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 19 25

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1925, to Dec 2, 1925, that I last saw h[illegible] alive on Dec. 1, 1925, and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia of Right

(duration) yrs. 17 mos ... ds.

CONTRIBUTORY (Secondary) Hemorrhage, Arteriosclerosis Heart Failure

(duration) yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] A Duke, M. D.

, 19 (Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Dec 5 1925
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

Cor.—1-12-23—M&T—100 Bka.

E 04328 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04328

90

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced at Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 4-1 ST. WARD)

2-FULL NAME Lieuttellious Whitaker

(a) RESIDENCE NO. 6221/2 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth R. Whitaker

6 DATE OF BIRTH (month, day, and year) Aug 4/1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	3	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Blacksmith Helper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Leonhardt Wagon Wks.

006

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER John Whitaker

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Earl E. Whitaker (son)
(Address) Kenneth Square Pa

15 Filed 4-1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency
(Dropped dead at anvil, while at work)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Wallis, M. D.
(Coroner.)
12-4-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kenneth Square Penna

DATE OF BURIAL DEC 4 1925 192

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON Av

Spec.—1-10-21—M&T—1500 Bks.

04329

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 04329

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 Brooks Lane ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Pels Bremner

(a) RESIDENCE NO. 937 Brooks Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses Bremner

6 DATE OF BIRTH (month, day, and year): Nov 7th 1852

7 AGE: Years 73 Months 5 Days 27 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nom

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of empioyer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Simon Pels

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Jetta Koopman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: S Bremner

(Address): 937 Brooks Lane

15 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 19 25 to Dec 4th 19 25, that I last saw h[er] alive on Dec 4th 19 25, and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

carcinomatosis - general

(Primary in breast)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): acute dilation of heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of 1 year ago Breast removed

Was there an autopsy? No

What test confirmed diagnosis? Clinical & pathological

(Signed) J. Frederick Lenk, M. D.

Dec 24, 1925 (Address) 2040 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew

DATE OF BURIAL: Dec 6th 1925

20 UNDERTAKER: Harry Sondheim

ADDRESS: 118 N. Wm Boyd

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04330 E 04330

CERTIFICATE OF DEATH.

+101-01

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) BALTIMORE CITY HOSPITALS (St.) 4-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Addison

(a) RESIDENCE No. Frederick & Fayette Sts ST., WARD Columbia S. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Addison

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) S. C.
(State or country)

PARENTS

10 NAME OF FATHER David Addison

11 BIRTHPLACE OF FATHER (city or town) S. C.
(State or country)

12 MAIDEN NAME OF MOTHER Lizzie ?

13 BIRTHPLACE OF MOTHER (city or town) S. C.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed ....., 19 Robert P. Harrison, Registrar

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1925, to Dec. 1, 1925, that I last saw him alive on Dec. 1, 1925, and that death occurred, on the date stated above, at 9:40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

12/3, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Columbia S. C. — DATE OF BURIAL Dec 5 1925

20 UNDERTAKER Mrs-Mrs N. S Sims — ADDRESS 1737 N. Pratt St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04331

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04331

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 705 Woodbourne Ave St., 27-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Sophia Abbott

(a) Residence No. 705 Woodbourne Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) ?- ?--1864

7-AGE. 61 yrs. ? mos. ? ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Wesley Abbott

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary E. Hall

13-BIRTHPLACE OF MOTHER (city or town)
(State or Country), Va.

14- (Informant) Julia Abbott
(Address) 705 Woodbourne Ave

15- Filed ..... 192 ..... Registrar.

4 - 1925

Burial Permit given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec. 3. 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 20, 1925 to Dec 3, 1925,

that I last saw her alive on Dec 2, 1925,

and that death occurred, on the date stated above, at 3:45 A. m.

The CAUSE OF DEATH* was as follows:

Malignant growth of Stomach

uncertain
(Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) E. H. Duncan M. D.

Dec 4, 1925 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent C... state (1) Means and Nature of Injury, and (2) whether Acci... Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BUR...
Greenmount Cemetery	Dec. 5. 19...
20-UNDERTAKER.	ADDRESS
Hughes & Jordan	1924 N. Broa...

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04332 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04332

CERTIFICATE OF DEATH.

20-431

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 441 S. Furrow St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Joseph Wiedeck

(a) Residence No..... 441 S. Furrow St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Wiedeck

6-DATE OF BIRTH (month, day and year) May 15-1852

7-AGE, 73 yrs. 7 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)..... Iron Factory

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Wiedeck

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Johanna Rohrer

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Germany

14-

(Informant)..... John Wiedeck

(Address)..... 529 S. Bentalou St.

15- Filed 1925 192.....

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 4 25

I HEREBY CERTIFY, That I attended deceased from Dec 2, 1925, to Dec 4, 1925,

that I last saw h[illegible] alive on Dec 4, 1925,

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis
Endocarditis

(Duration) Unknown ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Robert C. Stetson, M. D.

12/4/, 1925 (Address) 2187 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION or REMOVAL, City Cemetery DATE OF BURIAL, Dec 7, 1925

UNDERTAKER, George L. Schwab ADDRESS 401 Fulton Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04333

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04333

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Ramsay St ST.: 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Holland

(a) RESIDENCE. NO. 1922 Ramsay ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Holland

6 DATE OF BIRTH (month, day, and year) Aug. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John Colley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Howard Co (State or country) Md

14 Informant William Holland (Address) 1922 Ramsay St.

15 Filed Dec 5 1925, 19 Robert P. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1924, to Dec 3rd, 1925, that I last saw h[illegible] alive on Dec 2nd, 1925, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis,
Acute cardiac dilatation,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cyst

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. R. Lucas, M. D.

Dec 4, 1925 (Address) 3521 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Dec. 5 1925

20 UNDERTAKER George L. Schnabel. ADDRESS 2101 Eutaw Ave.

Cor.—1-12-23—M&T—100 Bks.

E 04334

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 04334

CERTIFICATE OF DEATH.

16-6188

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) South Baltimore General Hospital ST., WARD)

2-FULL NAME Clifton Miller.(C)

(a) RESIDENCE NO. 1114 N.Vincent St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. ——— mos. ——— ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Amantha Miller(C)

6 DATE OF BIRTH (month, day, and year) December 25,1894.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	11	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore .
(b) General nature of industry, business, or establishment in which employed (or employer) 0/K
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Julius Miller.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Lucy.——— (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Amantha Miller.(C)wife. (Address) 1114 N.Vincent St.

15 Filed ——, 192—. Robert P. Harrison, Registrar

Burial Permit Clerk.

-1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 30,1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed about the body. Run over by an automobile truck after jumping from the same. Occidental Death.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Dec. 4° 1925 192 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? Hull & Nicholson Sts. Nov. 30, 1925

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemtery — DATE OF BURIAL Dec 5 1925

20 UNDERTAKER Mrs Jas H. Dennis Rep J. E. Ellison — ADDRESS 1303 Eastman St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04335

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04335

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 N. Parrish ST.; 19-1 WARD)

REGISTERED No. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Louden Sanders

(a) RESIDENCE. No. 237 N. Parrish ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE — Years: 55 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Elias Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eliza Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Marietta Porter 2 [illegible] Gilmore

15 Dec 3 1925, 19 Burial Permit Cl[illegible]trar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1925, to Dec 3, 1925, that I last saw h[illegible] alive on Dec 2, 1925, and that death occurred, on the date stated above, at 8.20 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. E. Kirk, M. D.

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 12-5-1925

20 UNDERTAKER: Daniel Easton

ADDRESS: 916 Pa ave

E 04336

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 04336

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. St. 15 Ward) 13

2-Registered No. C. 01 1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Louisa Hazelton

(Residence in Baltimore: No. 1437 N. Mount St. St.; yrs. Life (mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. April 29 1918
(Month) (Day) (Year)

7-AGE. yrs. 7 mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Edward Boyden

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Helen Hazel

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Hazelton

(Address) 1437 N. Mount St.

15-

Filed ..... 192.

Robert P. Harrison, Registrar.

1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 3, 192.5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) none other than Tuberculosis

(Duration) yrs. mos. ds.

(Signed) J. C. Hemmeter, M. D.
(Coroner.)

Dec 4, 192. (Address) 1 W. Saratoga St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cem. DATE OF BURIAL. 12/5/1925

20-UNDERTAKER. Daniel Easton ADDRESS 916 Eager.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 04337 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04337

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. State Penitentiary Hospital St. ... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Thomas Clark

(a) Residence No. Maryland State Penitentiary St., ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov 30 1865

7-AGE, 60 yrs. — mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). ...
(c) Name of employer. ...

9-BIRTHPLACE (city or town). Cumberland,
(State or Country), Maryland

PARENTS

10-NAME OF FATHER, John Calvin Clark

11-BIRTHPLACE OF FATHER (city or town). England
(State or Country),

12-MAIDEN NAME OF MOTHER, Mary O'Brien

13-BIRTHPLACE OF MOTHER (city or town). Ireland
(State or Country),

11- (Informant). Md. State Penitentiary
(Address). Baltimore Md.

15- Filed 1925 Robert F. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 3 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1925 to Dec. 3, 1925 that I last saw him alive on Dec. 3 1925 and that death occurred, on the date stated above, at 10.25 a.m.

The CAUSE OF DEATH* was as follows:
(1) Chronic Interstitial Nephritis
(2) Cerebral Thrombosis
(3) Chronic Syphilis
(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)
Uremia (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert L. Anderson M. D.
Dec 3. 1925 (Address) Md. State Pen Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Hebron Cemetery Harford DATE OF BURIAL, Dec. 5, 1925

20-UNDERTAKER, Geo. J. Ruth ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04338 65-001 E 04338

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 320 N Greene ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Geppi

(a) RESIDENCE NO. 320 N. Greene ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White.

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/22. 1910

7 AGE: 14 Years 15 | 5. Months | 12 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Geppi

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Mary Carnaggio

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Joseph Geppi

(Address): 320 N. Greene, St.

15 Filed ....., 19..... Robert P. Harrison, Registrar

5 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/4 1925

17

I HEREBY CERTIFY, That I attended deceased from 11-4, 1925, to 12-4-, 1925

that I last saw him alive on 12-3, 1925

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Leucheamia

(duration) yrs. 3 mos 10 ds.

CONTRIBUTORY (Secondary) myocarditis.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood Examination

(Signed) S. D. Wagner, M. D.

12-4. 1925 (Address) 1604 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Dec 7 1925

20 UNDERTAKER: Geo. L. Ruth — ADDRESS: 1235 Harford Ave

Cor.—1-12-23—M&T—100 Bks.

E 04339

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04339

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bonnemere and or Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma L. Porter

(a) RESIDENCE NO. Easton Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) April 2- 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	8	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Graduate
(b) General nature of industry, business, or establishment in which employed (or employer) Nurse
(c) Name of employer

9 BIRTHPLACE (city or town) Easton Md
(State or country)

PARENTS

10 NAME OF FATHER Edward Porter

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Lucy Kirby

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs Emma Porter
(Address) 2634 E Monument St

15 Filed ..... 192 ..... Robert P. Harriger, Registrar

1925

Burial Permit [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Pistol shot in head. (Suicide) act occurred at 2634 E Monument St

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Hooker, M. D.
(Coroner.)

12-4, 1925 (Address) 508 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton, Md. DATE OF BURIAL Dec 7 1925

20 UNDERTAKER Zirkler + Zirkler ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

E 04340

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04340

CERTIFICATE OF DEATH.

16-74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 375 E Lombard ST. 16 WARD)

2-FULL NAME Joseph L. Conklin

(a) RESIDENCE NO. 375 E Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 15 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph L Conklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs K. Conklin

(Address) 375 E. Lombard st

15 Dec 4 1925 Robert F. Morrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1925 to Dec 4, 1925

that I last saw h alive on Dec 4, 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. E. Reynolds, M. D.

Dec 4, 1925 (Address) 1320 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery — DATE OF BURIAL Dec 6 1925

20 UNDERTAKER Johannah Cordes — ADDRESS 1004 Aisquith st

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04341

CERTIFICATE OF DEATH.

90 E 04341

1-PLACE OF DEATH Pratt & Paca ST., 15-11 WARD)
CITY OF BALTIMORE: (NO.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Fosdman

(a) RESIDENCE NO. 1532 Moorland Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman
(b) General nature of industry business, or establishment in which employed (or employer) (Tailors at Jones Bros)
(c) Name of employer

9 BIRTHPLACE (city or town) Russia
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Anna Friedman
(Address) 1532 Moorland ave

Filed DEC 1925, 192 Robert P. Harriden
Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Mitral Stenosis

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. ds.

(Signed) H. G. C. Hades, M. D.
(Coroner)
Dec 4, 192 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not nt place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herring Run	Dec 6 1925
20 UNDERTAKER	ADDRESS
S Furman Bro	Balto Md

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04342 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04342

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1217 Madison Ave St. 11-1 Ward) Registered No. 9

2-FULL NAME John Wesley Govans

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. Union Colored Orphanage (Usual place of abode) 1217 Madison Ave St., Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Colored

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 6, 1924

7-AGE, 1 yrs. 5 mos. 28 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Wesley Govans

11-BIRTHPLACE OF FATHER (city or town) Harford Co. (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Rachel Dorsey

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md.

14- (Informant) Rachel Govans

(Address) 1217 Madison Ave.

15- Robert F. Skinner, Registrar.

Filed 5 1925, 19?

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-4-25

17- I HEREBY CERTIFY, That I attended deceased from Nov 30, 1925 to Dec. 4, 1925, that I last saw him alive on Dec. 3, 1925, and that death occurred, on the date stated above, at 10.30 P.m.

The CAUSE OF DEATH* was as follows:

Pertussis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia (Bronchial) (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) M. Maceo Williams M. D.

12-4, 1925 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL, 12/5 1925

20-UNDERTAKER, Saml. Kemsley ADDRESS 1131 Dol

Spec.—1-12-23—M&T—500 Bks.

E 04343 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04343

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 E. Biddle ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME E. Joseph Lenille

(a) RESIDENCE NO. 916 E. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 26, 1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer) Phila. Printing Co. Philadelphia

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward Lenille

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary J. Langham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Genley — Sister (Address) 916 E Eager St

15 Filed 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/3 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/30, 1925, to 12/3, 1925, that I last saw h[illegible] alive on 12/3, 1925, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) 0 yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard West, M. D.

12/4, 1925 (Address) 914 E. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Dec 7, 1925
20 UNDERTAKER	ADDRESS
Elmer W. Conklin	924 E Eager St

E 04344

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04344

180-001

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3802 Egerton Road, Forest Park St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Charles Rogers Fitzsimmons

(Residence in Baltimore: No. 3802 Egerton Road, Forest Park St.; yrs.. - mos. 4 ds. 5)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. July (Month) 30 (Day) 1925 (Year)

7-AGE. -- yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER, William J. Fitzsimmons

11-BIRTHPLACE OF FATHER. (State or Country). Baltimore, Maryland

12-MAIDEN NAME OF MOTHER, Mary Rogers

13-BIRTHPLACE OF MOTHER, (State or Country). Buckeystown Frederick Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Fitzsimmons

(Address) 3802 Egerton Road

15- Robert P. Harrison,

Filed 5-1925 192.... Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 4 (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

asphyxiation by suffocation (accidental)

(Fractured) (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia by bed clothes (Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Hennessy M. D. (Coroner.)

Dec. 4 192 5 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	12/5 19 25

20-UNDERTAKER.	ADDRESS
Henry W Means & Son	805 N Calvert

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04345 E 04345

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 727 N Cross ST. 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannie A. Taylor

(a) RESIDENCE NO. 727 N Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Taylor

6 DATE OF BIRTH (month, day, and year): July 13 1843

7 AGE: Years 82 Months 4 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John H Crisfield

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Caroline Stolle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs. A Schwartz

(Address) 927 N Cross St

5 File 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12 - 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 16, 1925, to Dec 3, 1925

that I last saw h alive on 19

and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Infirmities of old age

(duration) yrs. mos 18 ds

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) R. R. Campbell M. D.

Dec 4, 1925 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 12 - 5 1925

20 UNDERTAKER: James Dignan's Son

ADDRESS: 1000 S Paca St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04346 E 04346

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Clara Jane Roberts,

(a) RESIDENCE NO. 1440 Riverside Ave STREET WARD 24th

(Usual place of abode)

Length of residence in city or town where death occurred Fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced (or) WIFE of: Wm. W. Roberts

6 DATE OF BIRTH (month, day, and year): March 17, 1866

7 AGE: Years 59 Months 8 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Wm Johnson,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Robertson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Clarence Johnson,

(Address) 1441 Riverside Ave,

15 Filed 1925, 19 Robert F. Garrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 3, 1925.

17

I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1925, to Dec. 3, 1925,

that I last saw her alive on Dec. 3, 1925

and that death occurred, on the date stated above, at 1.40 P.M.

The CAUSE OF DEATH*/was as follows:

Carcinoma of Sigmoid.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Intestinal Obstruction

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Dec. 1, 1925.

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation.

(Signed) B. W. Rodes, M. D.

12/3, 1925 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem

DATE OF BURIAL: 12/7 1925

20 UNDERTAKER: J. Fenn McCully

ADDRESS: 130 E. Fort

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04347 E 04347

CERTIFICATE OF DEATH. 32

1-PLACE OF DEATH Franklin Sq Hosp. REGISTERED NO. 70-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Schubert ST. WARD)

2-FULL NAME Fredrick ~~Shubert~~ Jr

(a) RESIDENCE NO. 2713 W. Fairmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28-1915

7 AGE — Years: 10 — Months: 5 — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Frederick Schubert

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Mary Heems

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Mary Shittel

(Address) 2713 Fairmount Ave

15 [illegible] - 1925, 19 Robert F. Harrison, Registrar

[illegible] Parole Forest Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4 19 25

17 I HEREBY CERTIFY, That I attended deceased from 11/30/25, 19 25, to 12/4/, 19 25.

that I last saw h. alive on 12/4, 19 25,

and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Boris Antopol, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park — DATE OF BURIAL Dec 7 1925

20 UNDERTAKER W. J. Tuckner & Sons — ADDRESS N. Y Pa

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04348

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04348

CERTIFICATE OF DEATH.

26-5-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 3308 Fait Ave St. 26-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda E. Kurtz

(a) Residence No. 3308 Fait Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. E. Kurtz

6-DATE OF BIRTH (month, day and year): 12-23-60

7-AGE: 64 yrs. 11 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): New York

PARENTS.

10-NAME OF FATHER: Theodore Erd

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant): Rev. Kurtz

(Address): 3308 Fait Ave

15- Filed 5-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 4-1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1925 to Dec 3rd, 1925 that I last saw h[illegible] alive on Dec 3rd, 1925 and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) 16 hours ds.

CONTRIBUTORY (Secondary): None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) D W Jones M. D

12/4, 1925 (Address) 1011 N. Ellwood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel

DATE OF BURIAL: Dec 7, 1925

20-UNDERTAKER: J. J. Jackson & Sons

ADDRESS: Fulton

Spec.—1-10-21—M&T—1500 Blks.

E 04349

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04349

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Md-

CITY OF BALTIMORE: (No. West Baltimore Emeral Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Babe Dog Epps-

(a) RESIDENCE NO. 1911 Collins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Nov 27 1925

6 DATE OF BIRTH (month, day, and year) Dec 3, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Gilbert Mercier -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Rose Epps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Manchester Oklahoma

14 Informant Miss Rose Epps

(Address) 1911 Collins St

15 Filed Dec 5 1925, 19 Deborah F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1925, to Dec 3, 1925, that I last saw h alive on Dec 3, 1925, and that death occurred, on the date stated above, at 8 1' m.

The CAUSE OF DEATH* was as follows:

Prematurity - Congenital Atelectasis -

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas Hubert Wilkerson, M. D.

, 19 (Address) West Balto Jas Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL Dec 4- 19

20 UNDERTAKER Commissioner Health

ADDRESS

Spec. 6-9-19 H. P. Co.—1000 Blks.

E 04350

HEALTH DEPARTMENT—CITY OF BALTIMORE.

88 E 04350

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 12 S. Hilton St. 30-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estella Lockwood Wheat.

(a) RESIDENCE. No. 12 S. Hilton ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 10 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Carroll O. Wheat

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry W. Ironmonger

11 BIRTHPLACE OF FATHER (city or town) Norfolk (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mollie Brashears Ironmonger

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mollie Brashears Ironmonger (Address) 12 S. Hilton St.

15 Filed 1925 . 19 Robert P. Garrison, Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1925. to Dec. 4 1925, that I last saw her alive on Dec. 3, 1925, and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

or Acute Myocarditis.

(duration) Unknown. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms before death

(Signed) Frank R. Ogden, M. D.

12-4 25 . 19 (Address) 115 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	Dec 7 1925

20 UNDERTAKER Jos B Cook ADDRESS 1003 W Balto

Spec.—1-12-23—M&T—500 Bks.

E 04351

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04351

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 S. Paca St. 22-1 WARD)

REGISTERED NO. 1925 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leon Gaztez Morse

(a) RESIDENCE NO. 302 S. Paca ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn M. Morse

6 DATE OF BIRTH (month, day, and year) April 1 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	73	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hatter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass

PARENTS

10 NAME OF FATHER Thomas Morse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Sarah E. Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

14 Informant Evelyn M. Morse

(Address) 302 S. Paca

15 [illegible] 1925 19 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1925, to Dec. 4, 1925, that I last saw him alive on Dec. 3, 1925 and that death occurred, on the date stated above, at 9 A m

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis and Chronic hypertension.

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? None

Was there an autopsy? No

What test confirmed diagnosis? Clinic

(Signed) George A. Bowden, M. D.

12/4 1925 (Address) 1517 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newark New Jersey

DATE OF BURIAL Dec 7 1925

20 UNDERTAKER Jos Joerden & Son

ADDRESS 207 S. Pac...

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04352 E 04352

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — City of BALTIMORE: (No. 124 St Agnes Hospital St. 19-1 Ward)

Registered No. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Fairman

(a) Residence No. 124 S Calhoun St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6-DATE OF BIRTH (month, day and year) Dec 5, 1925

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, Robt Fairman

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), Md

12-MAIDEN NAME OF MOTHER, Elizabeth McCartney

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md

14- (Informant) Robert Fairman

(Address) 124 S. Calhoun St.

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 5, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 5, 1925, to Dec 5, 1925, that I last saw him alive on Dec 5, 1925, and that death occurred, on the date stated above, at 2.05 a m.

The CAUSE OF DEATH* was as follows:

Contusion

(Duration) yrs. mos. 5 min ds.

CONTRIBUTORY (Secondary) Difficult Labor

(Duration) yrs. mos. 10 hrs ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mcdonnell M. D.

Dec 5, 1925 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Catholic — DATE OF BURIAL, Dec 6, 1925

20-UNDERTAKER, J J Cowen & Son — ADDRESS 901 Hollins

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04353

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04353

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1822 W. Fairmount Ave St., Ward) 20-5

Registered No. 161-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret McCartney

(a) Residence No. 1822 W Fairmount Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 4, 1925

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, 5 hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, Les P. McCartney

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country),

12-MAIDEN NAME OF MOTHER, Margaret Hayden

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country),

14- (Informant) Les P. McCartney

(Address) 1822 W. Fairmount Ave

15- Filed ....., 19.... Robert P. Harrison, Registrar.

5-1925 Vital Records Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 4, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 4, 1925, to Dec 4, 1925, that I last saw h.. alive on Dec 4, 1925, and that death occurred, on the date stated above, at 11.50a m.

The CAUSE OF DEATH* was as follows:

Immature

(Duration) ....yrs. ....mos. 5 Min ds.

CONTRIBUTORY (Secondary) Premature Labor

(Duration) ....yrs. ....mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ....Date of....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. O'Neill, M. D.

12/6, 1925 (Address) 108 N. Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral Cem

DATE OF BURIAL, Dec 6, 1925

20-UNDERTAKER, Robt J. Cowan & Son

ADDRESS 90 Hollins

Spec.—1-10-21—M&T—1500 Bks.

Aud.

E 04354 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04354

CERTIFICATE OF DEATH. X 129

1-PLACE OF DEATH Franklin Sq Hospital 19-1 REGISTERED NO. [illegible]

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Aud.

(a) RESIDENCE NO. Valley Lee. Mo. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a If married, widowed, or divorced (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) June 16, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68 years	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wheelwright 10/

(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith Shop

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Mary's County Md

PARENTS

10 NAME OF FATHER William F.

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Mary's County Md.

12 MAIDEN NAME OF MOTHER Mary Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Mary's County Md.

14 Informant Mrs. A. Bennett
(Address) 17 Selma Ave Halethorpe Md.

15 12/5 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/18, 1925, to 12/4, 1925, that I last saw h[illegible] alive on 12/1, 1925, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Exacerbation of Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Franklin Sq Hospital

Did an operation precede death? Yes Date of Dec 1

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evid.

(Signed) Irving Cashlight M. D.

12/4, 1925 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. George Cem. Valley Lee Md

DATE OF BURIAL 12/5 1925

20 UNDERTAKER Robert Rooks & Son

ADDRESS Catonsville Md

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

E 04355

HEALTH DEPARTMENT—CITY OF BALTIMORE

1920-
38
4355
1887

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore Gen'l Hospital

CITY OF BALTIMORE: (No. Raymond Richard ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Johnson

(a) RESIDENCE NO. 251 N. Hoffman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie Johnson

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: Years 38; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O'Neill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Chas Co Md

PARENTS

10 NAME OF FATHER: Geo W Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chas Co Md

12 MAIDEN NAME OF MOTHER: Mary Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chas Co

14 Informant: Georgia Bullock (Address) 2115 Ellen St.

15 Filed DEC 5 - 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/3 1925

17

I HEREBY CERTIFY, That I attended deceased from 11/18, 1925, to 12/3, 1925,

that I last saw him alive on 12/3, 1925,

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Aortic regurgitation

Myocardial insufficiency

Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute catarrhal tibitation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jas. Hubert Chatham, M. D.

(Address) 1644 Bolton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville

DATE OF BURIAL: Dec 5 1925

20 UNDERTAKER: Samuel Wright

ADDRESS: Eden & Mary

E 04356 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04356

CERTIFICATE OF DEATH.

Registered No. C 3/

1-PLACE OF DEATH

City of BALTIMORE: (No. 509 N. Vincent St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Thomas

(Residence in Baltimore: No. 509 N. Vincent St.; yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	single

6-DATE OF BIRTH. about (Month) (Day) 1899 (Year)

7-AGE. 26 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country). Charles Co md

PARENTS.

10-NAME OF FATHER, Walter Thomas

11-BIRTHPLACE OF FATHER, (State or Country). Charles Co md.

12-MAIDEN NAME OF MOTHER, Hattie Butler

13-BIRTHPLACE OF MOTHER, (State or Country). Charles Co md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Brooks

(Address) 1027 Calhoun St.

15- DEC 5 - 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 2, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Dec. 3, 1925. (Address) 250 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Dec. 5 1925

20-UNDERTAKER, Mrs Jas. H. Dennis per T. E. Nelson — ADDRESS 1303 Presstman St

Spec.—1-10 21—M&T—1500 Blks.

E 04357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04357

CERTIFICATE OF DEATH.

25-5 90

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1120 Sixth St manor (or) Pct. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmein D Coleman

(a) RESIDENCE No. 1120 Sixth St manor (or) Pct. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilhelm Coleman

6 DATE OF BIRTH (month, day, and year): Sept 3 1879

7 AGE — Years: 46 Months: 3 Days: 29 30 If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home 037

(b) General nature of industry, business, or establishment in which employed (or employer): home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Louis Hoffheinz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Minnie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Christiana Schaller (Address) 1120 Sixth St

15 Filed ..... Registrar

Burial Permit 6[illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925, to Dec 2, 1925, that I last saw her alive on Nov 22, 1925, and that death occurred, on the date stated above, at 4 00 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Auscultation & Pulse

(Signed) J M Dellett M. D.

Dec 3, 1925 (Address) 621 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westernbent — DATE OF BURIAL: Dec 5 1925

20 UNDERTAKER: William Cook 30 E North Ave — ADDRESS

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04358

CERTIFICATE OF DEATH.

12 E 04358

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 r Esther Place ST., 26 WARD)

REGISTERED NO. 26-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Thomas Jones.

(a) RESIDENCE NO. 340 r Esther Place ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Jones.

6 DATE OF BIRTH (month, day, and year) Oct. 6 - 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	62	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Switchman.

(b) General nature of industry, business, or establishment in which employed (or employer) P. R. R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Annapolis Md.

PARENTS

10 NAME OF FATHER Charles Jones.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Edward L. Jones. (Son)

(Address) 804 S. Front St.

15 Filed ....., 19 Robert P. Harrison, Registrar

5 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 14th, 1925, to Dec 2nd, 1925, that I last saw h[illegible] alive on Dec. 2nd, 1925, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Jod, M. D.

, 19 (Address) 4704 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cem. DATE OF BURIAL: Dec. 5th 1925

20 UNDERTAKER: Tilly & Zile ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21 M&T 1500 Blks.

E 04359

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04359

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (St.) (Ward)

2-FULL NAME Samuel Williams

(a) RESIDENCE NO. #12½ Iceland ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Frank Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Hattie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Baltimore City Hospitals Records
(Address) JOHNS HOPKINS HOSPITALS

15 Filed DEC 5 1925, 19 Robert F. Garrison, Registrar
Burial Permit Issued DEC 5-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2 1925

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1925, to Dec. 2, 1925, that I last saw him alive on Dec. 2, 1925, and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Central Nervous System Syphilis

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

12/4 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITALS

DATE OF BURIAL

20 UNDERTAKER Baltimore City Health Dept.

ADDRESS DEC 5-1925

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04360

CERTIFICATE OF DEATH.

38 E 04360

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beverly Washington

(a) RESIDENCE NO. 913 Peach Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Washington

6 DATE OF BIRTH (month, day, and year) Unknown 78

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) District of Columbia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Baltimore City Hospitals Baltimore, Md.

5 - Filed 1925, 19 Robert F. Morrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 27, 25, to Dec. 2, 25,

that I last saw h im alive on December 2, 1925,

and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic infection.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry F. Waddell M. D.

12/2/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bt. Zion Cem. | DATE OF BURIAL Dec 5 1925

20 UNDERTAKER Wm. H. Brand & Son | ADDRESS 1005 Madison

Spec.—1-10-21—M&T—1500 Bks.

Morris

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04361

CERTIFICATE OF DEATH.

40 E 04361

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 E. Pratt ST. 3-1 WARD)

2-FULL NAME Miriam Morris

(a) RESIDENCE NO. 1001 E. Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 20 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hersh

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sara Friedlander

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant H. Morris
(Address) 1001 E Pratt St

15 Filed DEC 6 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1925

17 I HEREBY CERTIFY, That I attended deceased from ..... 1905, to Dec 4 1925,

that I last saw her alive on Dec 4 1925,

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Old age. Myocarditis

Myocardial insufficiency

gradually increasing

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Frank M. Smith, M. D.

Dec 5, 1925 (Address) 927 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern ave — DATE OF BURIAL Dec 6 1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04362

CERTIFICATE OF DEATH.

74-001

E 04362

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1828 W. Lexington St. 30-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Henriette E. Frankel

(Residence in Baltimore: No. 1828 W. Lexington St.; yrs. 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Widowed

6-DATE OF BIRTH: February (Month) 2 (Day) 1859 (Year)

7-AGE: 66 yrs. 10 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Hyman Stein

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Eva -

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Levis

(Address) 1439 E Balto st

15- DEC 6 - 1925 ROBERT R. KRAUTER, Registrar.

Special Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 3 (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, as (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follow s:

Apoplexy

(Duration) ..... yrs. 3 hours mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dave. R. Norton M. D.
(Coroner.)

Dec 5 192.5 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Hebrew Cem. DATE OF BURIAL, 12/6 1925

20-UNDERTAKER, Jack Levis ADDRESS 1439 E. Balto st

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04363

CERTIFICATE OF DEATH

90 E 04363

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST. 15-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Hyman

(a) RESIDENCE NO. 1625 Rutland ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 40 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Hyman

6 DATE OF BIRTH (month, day, and year) Autumn

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joe Hyman
(Address) 1625 Rutland ave

15 Filed DEC 6 1925 ROBERT R. KRAUTER, Registrar
Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-4- 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/5/25, 19 ... to 12/4/25, 19 ... that I last saw h... alive on 12/4/25, 19 ... and that death occurred, on the date stated above at 1 PM

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular disease

(duration) yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Terminal Bronchial Pneumonia duration yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No .....

What test confirmed diagnosis? Path. & Clinical

(Signed) Wm H Brady, M. D.

, 19 (Address) 1800 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrersburg Cemetery

DATE OF BURIAL 12/6 19 25

20 UNDERTAKER Jack Lewis

ADDRESS 1409 E Balto St

E 04364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04364

Registered No. C 31

1-PLACE OF DEATH

City of BALTIMORE: (No. 151 N. High St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Goldie Berman

(Residence in Baltimore: No. 151 N. High St.; 19 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

6-DATE OF BIRTH: Unknown (Month) (Day) 1904 (Year)

7-AGE: 21 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 03

9-BIRTHPLACE (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Louis Resnick

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1434 E Balto St

15- DEC 6 - 1925 ROBERT R. KRAMER Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Tumor. Intracerebral

2. Ly Branch

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown Nervous

(Duration) yrs. mos. ds.

(Signed) M. D. (Coroner.)

Dec 5 192 (Address) 1 E Baltimore St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Rehrem Rosedale — DATE OF BURIAL: 12/6 19 25

20-UNDERTAKER: Jack Lewis — ADDRESS: 1434 E Balto St

Spec.—1-12-23—M&T—500 Blks.

E 04365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 04365

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 E Baltimore ST. 6-2 WARD)

2-FULL NAME Sarah Rosen

(a) RESIDENCE NO. 2006 E Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or ~~Divorced~~, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A G Rosen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE 60 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Russia (State or country)

PARENTS

10 NAME OF FATHER Sam Goren

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant Mrs Gary A Rosen (Address)

15 Filed DEC 6 - 1925 ROBERT R. KRAUTER, Registrar

Marital Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6th 1925

17

I HEREBY CERTIFY, That I attended deceased from October 10 1924, to Dec 4th 1925.

that I last saw h[er] alive on Dec 4th 1925.

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Abcess of Lung

Chronic Empyema

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Septic Endocard.

Edema of Lung (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation, Lab. Tests

(Signed) Joseph Gueliner, M. D.

Dec 6 1925 (Address) 320 Garrison Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 12/6 1925

20 UNDERTAKER Jack Lewis

ADDRESS 1409 E Baltimore

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04366

CERTIFICATE OF DEATH.

90

E 04366

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2336 Madison ave ST. 13-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Hoffman

(a) RESIDENCE NO. 2336 Madison ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Hoffman

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacob Lewis (Address) 2336 Madison Ave

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/4 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1925, to Dec 4-, 1925, that I last saw h- alive on Dec 4th, 1925, and that death occurred, on the date stated above, at 8:45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Michael A Abrams, M. D.

DEC 5, 1925 (Address) 2360 Eutaw place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrer Herman Lot — DATE OF BURIAL 12/6 1925

20 UNDERTAKER Jack Lewis 1439 E Balto St — ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04367

CERTIFICATE OF DEATH.

17 E 04367

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2907 E. Baltimore St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Julia Cross

(a) Residence No. 2907 E. Baltimore St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard H. Cross

6-DATE OF BIRTH (month, day and year): July 10th 1871

7-AGE: 54 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Home Wife

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Patrick Barrett

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Anne McDonough

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14- (Informant): Richard H. Cross

(Address): 2907 E. Baltimore St

15- DEC 6 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 3 25

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to Dec 3, 1925, that I last saw h. alive on Dec 3, 1925, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremic Poison

(Duration) yrs. 8 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine M. D.

Dec 5, 1925 (Address) 14 W. Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 7th, 1925

20-UNDERTAKER: Frank C. Pilstone — ADDRESS: 1800 E. 32nd St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

04368 — 91-02 E 04368 — REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 St. Blair Lane 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Hyland

(a) RESIDENCE NO. 2117 St. Blair Lane STR. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Patrick Hyland

6 DATE OF BIRTH (month, day, and year): 1850?

7 AGE: Years 75; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Michael Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Dorsbnon?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Thos F. Moylan (Address) 2117 St Blair Lane

15 Dec 6 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/4/1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1925, to Dec 4, 1925, that I last saw h[illegible] alive on Dec 3, 1925, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B Tillow, M. D.

12/5, 1925 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pen Attedalson — DATE OF BURIAL: Dec 7. 1925

20 UNDERTAKER: J. J. Moran — ADDRESS: 3000 E. Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04369

CERTIFICATE OF DEATH.

74-001

E 04369

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1723 Baker St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Mary Bailey .....

(Residence in Baltimore: No. 1723 Baker St., ...St.; 2 yrs., 6 mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Fem	Col	Widow

6-DATE OF BIRTH, about ..... 1..86
(Month) (Day) (Year)

7-AGE. 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 0/0
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Pauline Brown

(Address)..... 1723 Baker St

15- DEC 6 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 3, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Dec. 4 1925 (Address) 28 N. Eden Ave. Lan. Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn	Dec. 6 1925

20-UNDERTAKER.	ADDRESS
Sam'l Ross & Son	400 Mad

Spec.—1-12-23—M&T—500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04370

CERTIFICATE OF DEATH.

129 E 04370

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1434 S. Charles St. St., 23-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha A. Anderson,

(a) RESIDENCE NO. 1434 S. Charles St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lawernce G. Anderson.

6 DATE OF BIRTH (month, day, and year) June, 2, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60,	6,	1.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory Hand.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Philip Lehr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Dont Know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) Ellen Goebel, (Daughter). 1434 S. Charles St.

15 DEC 6 - 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1925, to Dec 3, 1925, that I last saw her alive on Dec 3, 1925, and that death occurred, on the date stated above, at 11.10 P m.

The CAUSE OF DEATH was as follows:

Apoplexy - Cerebral

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. F. Lawrence, M. D.

12/6, 1925 (Address) 1434 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL Dec 7 '25

20 UNDERTAKER H. Howard Evans

ADDRESS 38 E. Fort Ave

Spec.—1-10-21—M&T—1500 Blks.

E 04371

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04371

CERTIFICATE OF DEATH.

44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 515 E. 20th St (ST.) (WARD) 94

2-FULL NAME Delia O. Scherf.

(a) RESIDENCE No. 515 E. 20th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas F. Scherf.

6 DATE OF BIRTH (month, day, and year) Nov 26 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	—	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Carbon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Richard H. Scherf

(Address) 515 E. 20th St

15 Filed ... 19... DEC 8 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept, 1925, to Dec 4, 1925, that I last saw h[er] alive on Dec 4, 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder

(duration) yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Wm E Love, M. D.

, 19 (Address) 836 Whoots a

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem — DATE OF BURIAL Dec 7 1925

20 UNDERTAKER John O Mitchell — ADDRESS 2011 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

E4372 HEALTH DEPARTMENT—CITY OF BALTIMORE E4372.

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1130 Druid Hill Ave (ST.) 7-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert H. Clarke Dr.

(a) RESIDENCE NO. 1130 Druid Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Emma S. Clark

6 DATE OF BIRTH (month, day, and year): April 6-1852

7 AGE: Years 73 Months 8 Days 28 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Lloyd C. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Anne R. Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Robert H. Clark Jr. 1130 Druid Hill Ave.

15 Filed DEC 7 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1925, to Dec. 4, 1925, that I last saw him alive on Dec. 4, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal Disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopic

(Signed) W. H. Carr, M. D.

Dec 7, 1925 (Address) 515 Mother Ct.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Md. Auxiliary Cemetery

DATE OF BURIAL: Dec 7th 1925

20 UNDERTAKER: Jas M. Johnson

ADDRESS 1284 Eutaw St.

Dr. Fisher Pk-Pk Bank.

Spec.—1-10-21—M&T—1500 Bks.

04373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 04373

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 505 S. Collington Ave ST. 12-1 WARD)

2-FULL NAME Julia Elizabeth Ernst

(a) RESIDENCE NO. 505 S. Collington Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 8 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
		2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Nicholas Ernst

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret E Zboralski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Nicholas Ernst

(Address) 505 S Collington Ave

15 Filed DEC 6 - 1925 19 .... R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/4, 19 25, to 12-5, 19 25,

that I last saw her alive on 12-5, 19 25,

and that death occurred, on the date stated above, at 12-30 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Improper Feeding

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Sig no

(Signed) Daniel S Fisher, M. D.

, 1925 (Address) 926 Pct Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Dec. 7 1925

DATE OF BURIAL

20 UNDERTAKER: Wm Cook

ADDRESS: 552 East N. Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04374 33 E 04374

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25-3 ST. ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aaron Horsell

(a) RESIDENCE NO. 2114 Brennan ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880 or 1878?)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
32 or 45-46?)				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Peter Horsell
11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)
12 MAIDEN NAME OF MOTHER Ruth Horsell
13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

Filed DEC 6 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1925, to Dec. 2, 1925.
that I last saw him alive on Dec. 1, 1925
and that death occurred, on the date stated above, at 12:05 a m.

The CAUSE OF DEATH* was as follows:
Tuberculous Peritonitis

(duration) ? yrs. mos ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory + autopsy

(Signed) W. Lindsay Miller M. D.

12/4, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Dec 6 1925

20 UNDERTAKER Leonard Whalen — ADDRESS 3-8 Myrtle ave

Cor.—1-12-23—M&T—100 Bks.

E 04375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04375

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 W. Biddle ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Davis

(a) RESIDENCE NO. 120 W Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col'd	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Dont Know	57 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant S. Davis

(Address) 120 W Biddle

15 Filed DEC 6 - 1923 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1923

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Val. Dis. Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation Carditis

(duration) yrs. mos. ds.

(Signed) W. T. Riley (Coroner.), M. D.

Dec 5, 1923 (Address) 1634 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Dec 7 1923

20 UNDERTAKER Mrs R G. Elliott — ADDRESS 1720 Ashland Av

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04376

CERTIFICATE OF DEATH.

46

E 04376

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 Willow ST. 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary T. Doring

(a) RESIDENCE NO. 810 Willow ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Doring

6 DATE OF BIRTH (month, day, and year) Oct 5th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 03

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph Dwyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mrs Thom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Anna Hoyt (Address) 810 Willow St

15 DEC 6 - 1925 (Date Received) MILTON R. KRAUSER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12. 5. 1925

17 I HEREBY CERTIFY, That I attended deceased from 10. 1. 1925, to 12. 5. 1925, that I last saw her alive on 12. 4. 1925, and that death occurred, on the date stated above, at 7.10a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix Uteri

duration Unknown mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Edward Norris M. D.

12. 5. 1925 (Address) 107 East West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Dec 7th 1925
20 UNDERTAKER F. A. Krause & Son	ADDRESS 703 Hamilton

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 04377 E 04377

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 113 W. Barre ST., 227 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Carnaggio

(a) RESIDENCE NO. 113 W Barre ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Salvatore Carnaggio

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE: Years 53 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Vincent Fimella

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Anna Labo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Mrs. Sadie Carnaggio 113 W. Barre St.

15 Filed ..... 19..... HUBERT R. ARAUJO, Registrar

DEC 6 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/5 1925

17

I HEREBY CERTIFY, That I attended deceased from 11/20, 1925, to 12/5, 1925.

that I last saw her alive on 12/4, 1925,

and that death occurred, on the date stated above, at 1 a, m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

12/5, 1925 (Signed) Dr Francesco, M. D.

(Address) 122 N Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Dec 7 1925

20 UNDERTAKER: F. A Krauser & Son — ADDRESS: 703 Harwood

Spec.—1-10-21—M&T—1500 Blks.

1869 04 04378

HEALTH DEPARTMENT—CITY OF BALTIMORE 04378

CERTIFICATE OF DEATH. X 101-001

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Ulric H. Swann

(a) RESIDENCE NO. Shipman, Va ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	50	-	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Virginia

PARENTS

10 NAME OF FATHER Christopher Swann

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Matilda Owen

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Virginia

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 6 - 1925 ROBERT R. KRAUTER, Registrar of Vital Records

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1925, to Dec 6, 1925, that I last saw h alive on Dec. 6, 1925, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(duration) ..... yrs. ..... mos 21 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood cultures

(Signed) Louis C. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va.

DATE OF BURIAL Nov. 6 1925

20 UNDERTAKER William Cook

ADDRESS 702 E. Wa...

Cor.—1-12-23—M&T—100 Bks.

E 04379

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001
74 E 04379

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1564 Abbottson ST., 9-3 WARD)

2-FULL NAME Major A. Fletcher

(a) RESIDENCE NO. 1564 Abbottson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white ed	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella M Fletcher

6 DATE OF BIRTH (month, day, and year) Apr 29-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Newspaper Carrier
(b) General nature of industry, business, or establishment in which employed (or employer) Balto. Papers
(c) Name of employer 086

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Major S. Fletcher

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Millie Brample

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Ella M. Fletcher
(Address) 1564 Abbottson St

15 Filed DEC 6 1925 RUSSELL R. KRAUTER, Registrar

Wood & Ent Undertaking Co. C/O

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy
(Reported to be 3rd stoke)

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Falls, M. D.
(Coroner.)

12-5-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md DATE OF BURIAL Dec 7 1925

20 UNDERTAKER William Cook ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04380

CERTIFICATE OF DEATH.

129 E 04380

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Elsinore Ave. St., Forest Park 15-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Gellerman

(a) RESIDENCE NO. 2706 Elsinore - ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chris W Phillies

6 DATE OF BIRTH (month, day, and year) June 27/25 -

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
90	87	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown Dec 5. 1925

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Henry A. Price

(Address) 2706 Elsinore Ave

15 Filed ..... By ROBERT R. BRAUER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4 1925 -

17 I HEREBY CERTIFY, That I attended deceased from November 26, 1925, to Dec 4, 1925.

that I last saw her alive on Dec. 3, 1925

and that death occurred, on the date stated above, at 4-30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary & Auscultatory Exs

(Signed) J M Dellett, M. D.

(Address) 624 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
Loraine Sec 7 1925 -	
20 UNDERTAKER Wm Cole	ADDRESS 032 E. Fayette

Spec.—1-12-23—M&T—500 Bks.

Eddins

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04381

CERTIFICATE OF DEATH.

41-002 E 04381

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5114 St Georges Ave ST., 27-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E Eddins

(a) RESIDENCE NO. 5114 St Georges Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Henry L Eddins

6 DATE OF BIRTH (month, day, and year): Dec 17-1846

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	11	17. 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Geo Gallaway

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Riggins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant (Address): Henry L Eddins Cambridge Apts

Filed DEC 6 - 1925 Robert R. KRAUTH, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5 1925

17

I HEREBY CERTIFY, That I attended deceased from April, 1925, to Dec 5th, 1925, that I last saw h[er] alive on Dec 5th, 1925, and that death occurred, on the date stated above, at 4.0 m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Dilatation of Heart

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Carey B Hamilton Jr, M. D.

Dec 6, 1925 (Address) 200 N Bland St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D.C.

DATE OF BURIAL: DEC. 8 1925

20 UNDERTAKER: H. G. Tuchenhagen

ADDRESS: North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04382

161-001

CERTIFICATE OF DEATH.

E 04382

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hosp. (St.) (Ward) 2

2-FULL NAME Baby Rudd

(a) RESIDENCE NO. 325 (St.) N. Eutaw Street (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Single~~

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 12-5-25

7 AGE: Years | Months | Days | If LESS than 1 day, 5 hrs. or 12 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wannis Roma Rudd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Indianapolis Ind

12 MAIDEN NAME OF MOTHER: Gretchel Rudd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harmon W Va

14 Informant: Vannis R. Rudd

(Address) 325 N. Eutaw St.

15 Filed DEC 6 - 1925 GUSTAV B. KRAMER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-5 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-5-25, 19 , to 12-5-25 19 ,

that I last saw her alive on 12-5-25, 19 ,

and that death occurred, on the date stated above, at 7:10 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Chas. Conrad Zimmermann M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Dec 7 1925

20 UNDERTAKER: Wm J Hickner Sons ADDRESS: Norfolk Va

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

162 E 04383

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital Registered No.....

City of BALTIMORE: (No. Lombard St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Hutchins

(a) Residence No. 1327 W. 42nd St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec. 3, 1925.

7-AGE. ....yrs. ....mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Herbert McCall Hutchins

11-BIRTHPLACE OF FATHER (city or town) Chicago (State or Country), Ill.

12-MAIDEN NAME OF MOTHER, Mary Louise Lewis

13-BIRTHPLACE OF MOTHER (city or town) Rock Hall (State or Country), Md.

14- (Informant) Mary Louise Hutchins

(Address) 1327 W. 42nd St.

15- DEC 7 1925 ROBT. R. KRAUTER, Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 3rd, 1925, to Dec. 6th, 1925, that I last saw him alive on Dec. 6th, 1925, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic disease of newborn.

Intra cranial hemorrhage

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Mid-forceps delivery

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination.

(Signed) Frederick M. Snyder, M. D.

Dec. 6, 1925 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Rock Hall — DATE OF BURIAL, Dec 7th, 1926

UNDERTAKER Leo G. Cook — ADDRESS 1731 N Paca St

3710 O Dorman St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04384 — E 04384

CERTIFICATE OF DEATH.

REGISTERED NO. 94

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1007 S Robison ST., (Ward) 1st

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Ebert

(a) RESIDENCE NO. 1007 S Robison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cathrein Ebert

6 DATE OF BIRTH (month, day, and year) Nov 10 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62			24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor 940

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Andrew Ebert

(Address) 1007 S Robison

15 Filed DEC 7 1925 ROBERT R. KRAUTH Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-3- , 1925 , to 12-4- , 1925 ,

that I last saw him alive on 12-4- m , 1925 ,

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronushas, M. D.

12-5-25 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL Dec. 7 1925

20 UNDERTAKER Wendell Duffy & Son — ADDRESS 378 Nmn

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04385 E 04385

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 337-E-31st St., 12 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Amanda Elizabeth Stuber

(a) Residence No. 337-E-31st St., 12 Ward Philadelphia Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 29 ds. How long in U. S., if of foreign birth? 88 yrs. 9 mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. S. M. K. Stuber

6-DATE OF BIRTH (month, day and year) Feby-27-1837

7-AGE. 88 yrs. 9 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer). none

(c) Name of employer. none

9-BIRTHPLACE (city or town) (State or Country). Montgomery Co. Penna.

PARENTS.

10-NAME OF FATHER. Peter Fritz

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Montgomery Co Penna

12-MAIDEN NAME OF MOTHER. Mary Fritz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Montgomery Co Montgomery Penna.

14- (Informant). Mrs Ella N. Bensey (daughter)

(Address). 337-E-31-St. City

15- DEC 7 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 5. 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 28th 1925, to Dec 4, 1925

that I last saw her alive on Dec. 4, 1925

and that death occurred, on the date stated above, at 12.30 Am.

The CAUSE OF DEATH* was as follows:

Hypertrophy and Enlarged Heart

Dont Know

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma Dont Know

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. J. Costello, M. D.

, 19 (Address) 337-E 31st St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Worcester Penna. DATE OF BURIAL. Dec 9 1925

20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04386 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04386

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3403 Garrison Blvd. St., 15-4 Ward) 90

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. George Frederick Brechtel

(a) Residence No. 3403 Garrison Blvd St., 15 Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? 79 yrs. 11 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Brechtel

6-DATE OF BIRTH (month, day and year) Dec 25/1846

7-AGE, 78 79 yrs. 11 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... President 1925

(b) General nature of industry, business, or establishment in which employed (or employer)..... The Carriage Toy Co

(c) Name of employer..... Company

9-BIRTHPLACE (city or town)..... Baltimore

(State or Country), Maryland

PARENTS.

10-NAME OF FATHER Geo. F. Brechtel

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa ? ? ?

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Germany

14-

(Informant) Mrs Harry S. Brechtel (Son)

(Address) 3403 Garrison Blvd. City.

DEC 7 1925 ROBERT R. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 4-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Dec 4, 1925, that I last saw h[illegible] alive on Dec 4, 1925, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Valvular Lesion.

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Md.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/7/25 (Address) Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Dec 7 1925

20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04387

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

40

E 04387.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2442 N Monroe ST. 20-5 WARD)

2-FULL NAME William B McHenry.

(a) RESIDENCE NO. 2442 N Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of- Margaret

6 DATE OF BIRTH (month, day, and year) July 19th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	4	15 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Brown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Margaret McHenry

(Address) 2442 N. Monroe St.

15 Filed DEC 7 1925 R. [illegible] Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1925, to Dec 4, 1925, that I last saw him alive on Dec 3, 1925, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

I Mitral Insufficiency of Heart

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Arteris Sclerosis

(duration) yrs. unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill, M. D.

12/5, 1925 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Dec. 7, 1925

UNDERTAKER John F. Gagnon & Son

ADDRESS 901 Hollins

FROM EVERY IMPORTANT SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

E 04388

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-01

E 04388

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 122 W. Clement St. (ST.) 23-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Marie Grebe

(a) RESIDENCE NO. 122 W. Clement St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Grebe

6 DATE OF BIRTH (month, day, and year) Sept. 2, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Ludwig Welke

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Ernestine Klein

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant George A. Grebe
(Address) 122 W. Clement Street

DEC 7 1925 Filed Robert R. Krauter, Registrar

~~Burial Permit Clerk~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4 19 25

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Dec 4, 1925

that I last saw h alive on Dec 4, 1925

and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

12-5 19 25 (Address) 1644 Hanover Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lyon Park Cem

DATE OF BURIAL Dec. 8 1925

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Gilmor St.

Spec.—1-10-21—M&T—1500 Blks.

E 04389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 04389

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 42 E. Echodale Ave. (ST.) Hamilton (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Poole

(a) RESIDENCE No. 42 E. Echodale Ave. ST. Hamilton WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion A. Poole

6 DATE OF BIRTH (month, day, and year) July 19th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	58	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER Zachariah Lowman

11 BIRTHPLACE OF FATHER (city or town) Carroll Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura J. Bell

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co. (State or country) Maryland

14 Informant Bertha Lowman

(Address) 42 E. Echodale Ave. Hamilton

DEC 7 1925

[illegible] R. KRAUTER,

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. [illegible], 1925, to Dec. 5, 1925,

that I last saw her alive on Dec. 5, 1925,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) several yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) A. M. Bacon M. D.

, 19 (Address) Parkville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olive Cemetery Carroll Co.	Dec. 8 1925
20 UNDERTAKER Frederick Lawrence Sons	ADDRESS Fallston

Cor.—1-12-25—M&T—100 Blks.

E 04390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 E 04390

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1825 E Lombard (ST.) 7-1 (WARD)

2-FULL NAME Frank. Bethka

(a) RESIDENCE NO. 1825 E Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Bethka

6 DATE OF BIRTH (month, day, and year) aug 19 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER John Bethka

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mrs Agnes Bethka
(Address) 1825 E Lombard St

15 Filed DEC 7 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) G C Yates, M. D.

Dec 4 25 192 (Coroner) (Address) 1437 E Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Dec 7 DATE OF BURIAL 1925

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

Cor.—1-12-23—M&T—100 Bks.

04391

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 04391

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. No-1615 N. Lee St. ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. T Burrel Jr.

(a) RESIDENCE No. 1615 N. Lee ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 5. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work No
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Theo Burrel

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Gallon Williams

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Theo Burrell
(Address) 1615 Lemmon St

15 DEC 7 1925 ROBERT R. KRAUSER, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1925

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. G. Healy, M. D.
(Coroner)

Dec 7, 1925 (Address) 1715 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Lion	Dec 7 1925
20 UNDERTAKER Joseph A Lively	ADDRESS 1511 Mendenhall

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 04392

4392 1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 318-20½ ST., 12-5 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bettie Moore

(a) RESIDENCE NO. 318-20½ H ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Va

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town)
(State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) [illegible]

14 Informant Hazel Moore
(Address) 318-20½ H

15 Filed DEC 7 1925 Robert R. Kraus, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (one)

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) G. C. Hales M. D.
(Coroner.)

Dec 6 192 (Address) 443 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	12/7/1925
20 UNDERTAKER Dave Easton	ADDRESS 916 Eutaw

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04393

CERTIFICATE OF DEATH.

90

Registered No. E 04393

1-PLACE OF DEATH

City of BALTIMORE: (No. 571 Dolphin St., 17-1 Ward)

2-FULL NAME Sarah Marten

(a) Residence No. 571 Dolphin St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1866

7-AGE 59 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), S. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) Daniel Easter

(Address) 916 Penna ave

15- Filed DEC 7 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-5-25

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1925 to Dec 5, 1925, that I last saw her alive on Dec 5, 1925 and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Rome Lee M. D.

12-5, 1925 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn cem	12/7/1925
20-UNDERTAKER.	ADDRESS 916
Daniel Easter	Penna ave

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04394 66 E 04394

CERTIFICATE OF DEATH.

E 04394

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 Hillen Road ST., 27-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew J. Roach

(a) RESIDENCE NO. Greenmount &Winston Aves ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Roach

6 DATE OF BIRTH (month, day, and year) Aug 21-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	14 13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Teamster
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Roland Park Co.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Roach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unkonwn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant R. P. Roach (son)
(Address) 624 N. Glover St

DEC 7 192[illegible] ROBERT R. KRAUTER
Registrar
Burial Permit [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma -

Acute Alcoholism [illegible] mos. ds.

(Signed) J. H. Fuller, M. D.
(Coroner.)

12-7-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Cemetery Hartsdale NY — DATE OF BURIAL Dec 9 1925

20 UNDERTAKER Chenoweth & Son — ADDRESS 3615 Fleetwood Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04395

CERTIFICATE OF DEATH.

90 E 04395

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Warner ST., 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia L. Platt.

(a) RESIDENCE NO. 1205 Warner ST., 21 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Platt.

6 DATE OF BIRTH (month, day, and year) May 11 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto - Md -
(State or country)

PARENTS

10 NAME OF FATHER Wm. Drager

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Schwab

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Herman Platt (Husband)
(Address) 1205 Warner St

15 Filed DEC 7 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4 19 25

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 19 25, to Dec 4, 19 25

that I last saw h[illegible] alive on Dec 4, 19 25

and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

(Over)

Mitral Insufficiency

Indigestion

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.

12-4, 19 25 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	Dec. 7 1925

20 UNDERTAKER	ADDRESS
Lilly & Zeiler	402 Saratoga St.

Burrell Ball's

Spec.—6-9-19—H. P. Co.—1000 Bks.

04396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 04396

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 0 County ST. 18-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Burrell Ball

(a) RESIDENCE. NO. 1 0. County ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C	Mar.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) July 12 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Isaac Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Caroline Powell

13 BIRTHPLACE OF MOTHER (city or town) Richmond Va (State or country)

14 Informant Sam Ball

(Address) 1 0 County Rd

15 Filed DEC 7 1925 ROBERT R. [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 25 1925, to Dec 4 1925, that I last saw h alive on Dec 4 1925 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Aortic Aneurism

Unknown (duration) yrs. mos. wks.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. 1 hr ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Howard M. D

Dec 4 1925 (Address) 137 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Richmond [illegible] 1925

20 UNDERTAKER ADDRESS

Wm Gerhardt & Co 406 W. Conway St

LAKE DRIVE & LINDEN AVE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04397.

E 04397.

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ralph Arthur Nattans

(Residence in Baltimore: No Alhambra Apts. - 72, St.; 4wk. 4ds. yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: May (Month) 3 (Day) 1899 (Year)

7-AGE: 36 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE (State or Country): Washington D. C.

PARENTS.

10-NAME OF FATHER: Arthur Nattans

11-BIRTHPLACE OF FATHER, (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Jennie Rosenberg

13-BIRTHPLACE OF MOTHER, (State or Country): New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Nattans

(Address) Rochester Court Apts.

DEC 7 1925 ROBERT R. KRAUTH, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 5 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

(Coroner.)

Dec. 6, 1925. (Address) 1630 Linden Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Har Sinai Cem. DATE OF BURIAL: Dec. 7, 1925

20-UNDERTAKER: Hard Sondheim ADDRESS: 118 W. Mt. Royal Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12-002

E 04398

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S. Smallwood St., ST. 20-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah C. Wieber

(a) RESIDENCE. No. 317 S. Smallwood St., ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank S. Wieber

6 DATE OF BIRTH (month, day, and year) July 22, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Phillip Hoffmeister

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frank S. Wieber
(Address) 317 S. Smallwood St.

12 Filed DEC 7 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec., 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1925, to Dec. 3, 1925, that I last saw her alive on Sep. 2, 1925, and that death occurred, on the date stated above, at 7.00A.M.

The CAUSE OF DEATH* was as follows:

a Hypertrophic Cirrhosis of Liver
Chronic Parenchymatous Nephritis
Hypostatic Pneumonia (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B. F. Warr M. D.

Dec. 7, 1925 (Address) 816 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Dec 7 1925

20 UNDERTAKER: Nelson E. Viles

ADDRESS: 320 Mid Ave Westport

Cor.—1-12-25—M&T—100 Bks.

E 04399

HEALTH DEPARTMENT—CITY OF BALTIMORE

202 E 04399

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4927 Dennison Ave St. 27-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gordon Spence Shipley

(a) RESIDENCE No. 4927 Dennison Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 10. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER David G. Shipley

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elsie A. Deese

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Maryland

14 Informant Sara Mae G. Shipley
(Address) 4927 Dennison Ave

15 Filed DEC 7 1925 ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc.
Asphyxia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. ds.

(Signed) J. M. Blade, M. D.
(Coroner.)
Dec 6, 192 (Address) 443 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Dec 7 1925

20 UNDERTAKER Jno B. Spence — ADDRESS 1325 N. Caroline St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04400

CERTIFICATE OF DEATH.

31 E 04400

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1344 Wheeler ST., 15-13 WARD)

2-FULL NAME Ida Smith

(a) RESIDENCE NO. 1344 Wheeler ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Smith

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE: Years 59 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary Brooks

(Address): 1344 Wheeler Ave

15 Filed DEC 7 - 1925 ROBERT R. KRAUTER, Registrar
District Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-4-25

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15th 1925 to Dec. 4th 1925, that I last saw h[illegible] alive on Dec 4th 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows: Tuberculosis Pleurisy

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tb

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

, 19 (Address) 924 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

UNDERTAKER: Samuel Beasley

DATE OF BURIAL: 12/7/25

ADDRESS: Baltimore

TION is very important. See instructions on back of certificate.

E 04401 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

38 E 04401

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1123 Argyle Ave. St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... William Jefferson

(Residence in Baltimore: No. 1123 Argyle Ave. St.; yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH, about ....., 1858
(Month) (Day) (Year)

7-AGE, 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Jones

(Address) 1123 Argyle Ave.

15- DEC 7 - 1925 ROBT R. KRAUTER, Burial Permit Clerk.
Dated ..... 192.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 5, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (over)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Dec. 5, 1925 (Address) 2502 Edmondson Ave.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Forest Lawn	12/7/1925
20-UNDERTAKER. Dane Eastois	ADDRESS 916 Pa ave

Spec—12-23-21—E.B.R.S.—400 Bks.

04402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 E 04402

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2749 W. Fairmount Ave St. 170-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Daniel Bohlman

(a) Residence No. 2749 W Fairmont St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced—HUSBAND of (or) WIFE of Laura Cora Kuhns

6-DATE OF BIRTH (month, day and year) Nov 21, 1859

7-AGE. 66 yrs. mos. 13 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cigar maker

(b) General nature of industry, business, or establishment in which employed (or employer). 017

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER. John S. Bohlman

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Laura Bohlman

(Address) 2749 W. Fairmont

15- Filed 19 ROBERT R. KRAUTER, Registrar.

DEC 7 - 1925 Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 4, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 13, 1921, to Dec 4, 1925

that I last saw him alive on Dec 3, 1925

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 4 yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

12/7/25 (Signed) [illegible] M. D.

(Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet

DATE OF BURIAL. Dec 7, 1925

20-UNDERTAKER. Harry A Nitzke

ADDRESS 531 N Fremont Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04403

CERTIFICATE OF DEATH.

101-001 E 04403

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 S Regester St. ST. 7-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Bojarski

(a) RESIDENCE NO. 720 S Regester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie Bojarski

6 DATE OF BIRTH (month, day, and year) Oct 16 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	40	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Albert Bojarski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Eva —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Sophia F. Dobrzynski

(Address) 720 S Regester St

DEC 7 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/5 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1925, to Dec 5, 1925, that I last saw h.m alive on Dec 4, 1925, and that death occurred, on the date stated above, at 3-a-m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lakefschneider, M. D.

12/7, 1925 (Address) 2939 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. DATE OF BURIAL Dec. 9" 1925

20 UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Amity St

TION IS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 04404 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04404

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital REGISTERED NO. 12-3101

CITY OF BALTIMORE: (No. ..... ST., 12-3 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Flora Morrison

(a) RESIDENCE NO. 2425 St. Paul ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1st 1865

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None 031

(b) General nature of industry, business, or establishment in which employed (or employer) ..... "

(c) Name of employer "

9 BIRTHPLACE (city or town) ..... (State or country) Md.

PARENTS

10 NAME OF FATHER Isaiah Linsey

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Lawman

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md

14 Informant Wilbur Linsey (Address) Ellicott City

15 Filed ..... 19 ..... DEC 7 - 1925 C. [illegible] R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/6 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/4, 1925, to 12/6, 1925, that I last saw her alive on 12/6, 1925, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac & Respiratory Failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Physical Findings.

(Signed) H. F. Bongardt, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Dec 8 1925

20 UNDERTAKER Jos. M. Sharp — ADDRESS Ellicott City

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04405 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 E 04405

1-PLACE OF DEATH

City of BALTIMORE: (No. 3209 Mondawmin 15-6 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna C. Adams.

(a) Residence No. 3209 Mondawmin Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-Single, Married, Widowed, or Divorced (Write the word) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of James L. Adams

6-DATE OF BIRTH (month, day and year) Aug 30-1870

7-AGE. 55 yrs. 3 mos. 6 ds. If LESS than 1 day hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Ohio.

PARENTS.

10-NAME OF FATHER. Francis De Bra.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). France

12-MAIDEN NAME OF MOTHER. Margaret Fisher.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

11- (Informant) Mr Adams. (Son)

(Address) 3209 Mondawmin Ave.

15- Filed DEC 7 1925 ROBERT R. KRAUTH Registrar. Assistant Records Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-6-25

17- I HEREBY CERTIFY, That I attended deceased from Nov. 25 1925 to Dec 6 1925 that I last saw h-- alive on Dec 5 1925 and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Paralysis 5 Yrs

(Duration) yrs. mos. 1½ hrs

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Miller M. D

12/6/25 (Address) 2757 W. Mondawmin

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL. Dec 9 1925

20-UNDERTAKER. Geo J Smith

ADDRESS Hollins 1532

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04406

CERTIFICATE OF DEATH.

117 E 04406

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 27-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Stafford

(a) RESIDENCE NO. 103 Beechwood Avenue WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10th 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Frank J Stafford.

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mother (Address) 103 Beechwood ave

15 DEC 7 - 1925 ROBERT R. KRAUSER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-5- 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 5 , 19 25 , to Dec 5 , 19 25 ,

that I last saw h[illegible] alive on Dec 5 , 19 25

and that death occurred, on the date stated above, at 5.15 m.

The CAUSE OF DEATH* was as follows:

Ossification aorta

Insufficiency

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Ac. cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Catonsville

Did an operation precede death? Yes Date of Dec 5-25

Was there an autopsy? no.

What test confirmed diagnosis? Observation.

(Signed) Jerrold Jay Nichols M. D.

, 19 (Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 12/7 1925

20 UNDERTAKER H. C. Bowman & Son

ADDRESS 517 N Edmondson Av

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04407

CERTIFICATE OF DEATH.

10 E 04407.

REGISTERED NO. 1803

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S Stockton ST. ..... WARD)

2-FULL NAME Elnora Crosby

(a) RESIDENCE. No. 115 S Stockton ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Colid	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 641

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Columbus Crosby

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Eliza morgan

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mamie Crosby
(Address) 720 N Carey St

15 Filed ..... 19 ..... Registrar

DEC 7 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1925, to Dec 5, 1925, that I last saw h alive on Dec 5, 1925, and that death occurred, on the date stated above, at 10:20 p m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma
Cardiac Asthenia

(duration) yrs. ..... mos. 28 ds.

CONTRIBUTORY (Secondary) Pul. Ac. Edema

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of No

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. J. Norwood, M. D.

Dec 6 1925 (Address) 909 N Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Dec 8 1925

20 UNDERTAKER John W. Sroden

ADDRESS 1027 Druid Hill Ave

HOW IS VERY important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04408

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Wilmer ST. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Garrett

(a) RESIDENCE. No. 1128 Wilmer alley ST.: WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Wm Garrett

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At home only.

(c) Name of employer None.

9 BIRTHPLACE (city or town) (State or country) Portsmouth Virginia

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Grace Garrett

(Address) 1128 Wilmer Alley

15 Filed DEC 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-6 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1925, to Dec 6th, 1925, that I last saw h[illegible] alive on Dec 5. night, 1925, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from nose

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Bunnell Fargo M. D.

19 (Address) 2937 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Dec 8 1925
20 UNDERTAKER John H. Soader	ADDRESS 1027 Druid Hill Ave

HOW TO BE FILLED IN. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Burial Permit Issued

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04409

E 04409

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. ..... WARD)

2-FULL NAME Howard D. Brashear

(a) RESIDENCE NO. Mt Airy - Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 22/1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	24	1	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER H. Augustus Brashear

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Emma C. Lindsey

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant H. Augustus Brashear
(Address) Mt. Airy - Md

15 Filed DEC 7 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) — yrs. 5 mos. 3 ds.

CONTRIBUTORY (Secondary) Delirium Tremens

(duration) — yrs. ... mos. 1 ds.

(Signed) Thos. D. Norton, M. D.
(Coroner.)

Dec 7th, 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Cemetery

DATE OF BURIAL Dec, 8 1925

20 UNDERTAKER H. M. Snyder

ADDRESS Mt. Airy

Spec.—1-10-21—M&T—1500 Bks.

E 04410 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04410

CERTIFICATE OF DEATH.

24-3/129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1467 Hoodall ST. 24 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John K. Flanner

(a) RESIDENCE NO. 1467 Hoodall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND (or) WIFE of Catherine Flanner

6 DATE OF BIRTH (month, day, and year) July 10, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oyster Packer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Geo. L. Keck

(Address): 1467 E. Hoodall St

15 Filed ....., 19..... Registrar: Robert P. Harrison,

Burial Permit Clerk

7-1525

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1925, to Dec. 5, 1925, that I last saw him alive on Dec 4, 1925, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) H. O. Smith, M. D

Dec 5, 1925 (Address) 111 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec. 8 1925

20 UNDERTAKER: Margaret L. Flynn — ADDRESS: 1422 Light St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04411

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04411

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) University Parkway near Canterbury Road ST., 17 WARD)

REGISTERED NO. 001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellie P. Reeder

(a) RESIDENCE: NO. University Apts University Parkway ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas M Reeder

6 DATE OF BIRTH (month, day, and year) May 17 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Chas. M. Reeder (Address) University Parkway

15 Filed Dec 8 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6. 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2th, 1925, to Dec. 6th, 1925, that I last saw her alive on Dec. 5th, 1925, and that death occurred, on the date stated above, at 5:05 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Effusion

occurring suddenly

Dec 6-1925.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) High B.P. 4 years

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of X

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Edwin C. Price, M. D.

12-7. 1925 (Address) 1705 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL Dec 8. 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04412

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04412

CERTIFICATE OF DEATH.

X 46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 N. Charles ST. 17-2 WARD)

2-FULL NAME Annie H. Christopher

(a) RESIDENCE No. 2116 N Charles ST., WARD Maine

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elfred Christopher

6 DATE OF BIRTH (month, day, and year) March 29 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	80	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER Edward N. Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nova Scotia

12 MAIDEN NAME OF MOTHER Sarah Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salem Mass.

14 Informant Mrs. Ida H. Mealey

(Address) 2116 N. Charles St.

15 Filed 7-1925, 19 Robert F. Neilson, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1925, to Dec 5, 1925,

that I last saw her alive on December 5, 1925,

and that death occurred, on the date stated above, at 11:35 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Uterine Carcinoma

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Withrow Ford, M. D.

, 19 (Address) 20 E. Preston St. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem — DATE OF BURIAL Dec 8 1925

20 UNDERTAKER John O Mitchell — ADDRESS 1301 N Fayette

THIS IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04413

CERTIFICATE OF DEATH.

90 E 04413

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Place ST. 14-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma V. Horner

(a) RESIDENCE NO. Marlborough Place ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Horner

6 DATE OF BIRTH (month, day, and year) Sept 26 157

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	68	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) ~~Canada~~ Baltimore

PARENTS

10 NAME OF FATHER Geo A. Middleton

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Hoffman

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md.

14 Informant Mrs. Wm. Tarum

(Address) 118 Washington

Filed 1-7-1925, 19 ... Registrar Roberts P. Griffith

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1925, to Dec 7, 1925, that I last saw her alive on Dec 7, 1925, and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis - following broncho pneumonia.

(duration) yrs. 1 mos ... ds.

CONTRIBUTORY (Secondary) acute dilatation

(duration) yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? .....

What test confirmed diagnosis? clinical

(Signed) J. Frederick Leitz, M. D.

, 19 (Address) 2040 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 7 1925

20 UNDERTAKER: John O'Mulcahy — ADDRESS: 120 N. Eutaw

ATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 04414 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04414

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 N. Calhoun St. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Weise

(a) RESIDENCE NO. 318 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Amelia Weise

6 DATE OF BIRTH (month, day, and year) Oct 25-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	1	11 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stoker 186

(b) General nature of industry, business, or establishment in which employed (or employer) Oil burner

(c) Name of employer Balto Copper wks

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Robert Weise

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Amelia Weise

(Address) 318 N Calhoun St.

15 Filed ....., 19 Robert P. Harrison, Registrar

1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1925, to Dec 6, 1925, that I last saw him alive on Dec 6th, 1925, and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows:

Chronic Splenic Leukaemia

(duration) 1 yrs. 6 mos 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) 1 yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? 318 Calhoun St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Augustus Gorn, M. D.

Dec 7, 1925 (Address) 2308 Calvert Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Dec. 1 1925

20 UNDERTAKER F. A. Kruse & Son — ADDRESS 33 Fremont

Burial Permit Clerk

Spec.—1-12-23—M&T—500 Bks.

E 04415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04415

CERTIFICATE OF DEATH.

1929

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 904 Bevan ST. 23-1 WARD)

2-FULL NAME Mary Conort

(a) RESIDENCE NO. 904 Bevan ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Frank Conort

6 DATE OF BIRTH (month, day, and year) Feb 24-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Peter Kern

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Not given

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Frank Conort.
(Address) 904 Bevan St

15 Filed 7 1925, 19 Robert P. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 December 1925

17

I HEREBY CERTIFY, That I attended deceased from 26 November, 1925, to 5 December, 1925, that I last saw h[illegible] alive on 5 December, 1925, and that death occurred, on the date stated above, at 6[illegible] P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Not known (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Joseph Abramowitz, M. D.

, 19 (Address) 604 Park Ave, Baltimore,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Dec 8 1925
20 UNDERTAKER F. A. Schaaf & Son	ADDRESS 703 Hanover St

Spec.—1-10-21 M&T 1500 Blks.

E 04416

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 04416

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (St.) 1-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William McCord

(a) RESIDENCE No. Linwood Ave near Foster Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith C. McCord

6 DATE OF BIRTH (month, day, and year) Sept. 30/861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	64 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown 87

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William McCord

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md. (State or country)

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant (Address) Baltimore City Hospitals Records

15 DEC 8 1925, 19 Robert F. Weitzel Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1925, to Dec. 5, 1925, that I last saw him alive on Dec. 5, 1925, and that death occurred, on the date stated above, at 12:30 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 8 hrs

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. Lindsay Miller, M. D.

12/5, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL Dec 8 1925

20 UNDERTAKER Wm Cook ADDRESS 1028 Wolfe

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04417

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Stratton

(a) RESIDENCE NO. Chattanooga Tenn ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 70 | Months — | Days — | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer 045

9 BIRTHPLACE (city or town) (State or country): Tenn.

PARENTS

10 NAME OF FATHER Lorenzo Stratton

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y.

12 MAIDEN NAME OF MOTHER Sophia Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Y.

14 Informant Friends
(Address) JOHNS HOPKINS HOSPITAL

15 Filed C 7-1925, 19 Robert F. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1925 to Dec 7 1925, that I last saw h[illegible] alive on Dec 7 1925, and that death occurred, on the date stated above, at 8.35 A m.

The CAUSE OF DEATH* was as follows:

~~Hypertrophy~~ Bleeding prostatic Hypertrophy

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Tenn.

Did an operation precede death? Yes. Date of Nov 18-25

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Robert Wilson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chattanooga Tenn. DATE OF BURIAL Dec 7 1925

20 UNDERTAKER Henry H. Jenkins & Sons ADDRESS McCulloh & Orchard Sts.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04418 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04418

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 744 W. Saratoga St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Ruby Jones

(a) Residence No. 744 W. Saratoga St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1904

7-AGE, 21 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... None

(b) General nature of Industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Cleveland Ga.

PARENTS.

10-NAME OF FATHER, Enoch Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Laura Eberhardt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ga.

14- (Informant) Jamie Smith

(Address) 744 W. Saratoga St.

15- Filed 7-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12/6/25

17- I HEREBY CERTIFY, That I attended deceased from 11/24, 1925, to 12/6, 1925, that I last saw h alive on 12/3, 1925, and that death occurred, on the date stated above, at 3:05 P.M.

The CAUSE OF DEATH* was as follows:

Acute pneumonia-

Phthisis,

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. Harrison M. D.

12/7, 1925 (Address) 508 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn Cem | DATE OF BURIAL, 12/9/1925

20-UNDERTAKER, Daniel Easton | ADDRESS 716 Pa ave

Spec—12-23-21—E.B.R.S.—400 Eks.

(Evans)

E 04419 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04419

CERTIFICATE OF DEATH.

111-001

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. City Hospital St., 5-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sidney Evans

(a) Residence No. 339 Forest St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) ~~Married~~

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1876

7-AGE. 49 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lumberman

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer None

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Robert Evans.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Emma ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Balto City Hosp.

(Address).....

15- Filed Dec 1 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1925 to Dec. 3, 1925 that I last saw him alive on Dec. 3, 1925 and that death occurred, on the date stated above, at 8:30 p m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer Cardiac end of Stomach Perforated (4 hours duration) Peritonitis (3 days)

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia ?

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Dec. 1, 1925 (Exploratory)

Was there an autopsy? No

What test confirmed diagnosis? Physical Sign & Operation

(Signed) Wm P Chance, M. D.

, 19 (Address) Balto. City Hospital.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL.
Laurel Cem	12/8/1925
20-UNDERTAKER. Daniel Easton	ADDRESS 916 Lemmon

Instructions on back of Certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04420 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 89 E 04420

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 811 Bergundy St. St., 7-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Weigman

(a) Residence No. 811 Bergundy St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? 73 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND of (~~wife~~) WIFE of late Barbara Weigman

6-DATE OF BIRTH (month, day and year) Jan 13. 1852

7-AGE. 73 yrs. 10 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.
10-NAME OF FATHER, Ambrose Weigman
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany
12-MAIDEN NAME OF MOTHER, unknown
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-
(Informant) Mrs Annie Reitz
(Address) 811 Bergundy St

15-
Filed 7-1925 Robert P. Harrison, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 5. 1925

17- I HEREBY CERTIFY, That I attended deceased from June, 1923 to Dec 5th, 1925, that I last saw him alive on Dec 3rd, 1925 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Senile Arteriosclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris Major

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? History & findings

(Signed) D. P. Alexander M. D.

, 19 (Address) 3326 Gwedens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore County — DATE OF BURIAL, Dec 9, 19 25

20-UNDERTAKER. Jos Joerdens & Son — ADDRESS 2178 Pacca

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04421

CERTIFICATE OF DEATH.

118-002 ✓ E 04421

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) St Agnes Hosp. (ST.) 15-11 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Annie Mullaney

(a) RESIDENCE NO. 2034 N North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: James Mullaney

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 63 — Months: — — Days: — — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Constance Mullaney

(Address) 2034 N. North Ave

15 Filed ..... 19..... ROBERT R. KRAUTER, Registrar

DEC 8 - 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-6 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-6, 1925, to 12-6, 1925, that I last saw her alive on 12-6, 1925 and that death occurred, on the date stated above, 6.05 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Cause undetermined).

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home —

Did an operation precede death? Yes Date of 12-6-25-2.20 a.m.

Was there an autopsy? — No —

What test confirmed diagnosis? Operation.

(Signed) Gerald Powell, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 12/9 1925

20 UNDERTAKER: Henry W. Means & Son — ADDRESS: 505 N Calvert

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04422

CERTIFICATE OF DEATH.

34

E 04422

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 192 Cedar ave St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary J. Akehurst

(a) Residence No. 192 Cedar ave St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. W.

5-Single, Married, Widowed or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Henry B Akehurst

6-DATE OF BIRTH (month, day and year) 1846

7-AGE. 79 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). ..... (State or Country) Pa

PARENTS.

10-NAME OF FATHER. Capt. P. K. Curtt

11-BIRTHPLACE OF FATHER (city or town). ..... (State or Country), Pa

12-MAIDEN NAME OF MOTHER. Mary Weidner

13-BIRTHPLACE OF MOTHER (city or town). ..... (State or Country), Pa

14-

(Informant) Henry B Akehurst

(Address) 192 Cedar Av

ROBERT R. KRAUTER,

DEC 8 - 1925 Burial Permit Clerk

Date ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-7-1925

17- I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1922 to Dec. 7, 1925

that I last saw h[illegible] alive on Dec. 6, 1925

and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Spinal Cones

..... (Duration) 5 yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James D Akehurst M. D.

12-7, 1925 (Address) 4012 Penn Ave So

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL, Dec 9, 1925

UNDERTAKER. H S Marshall

ADDRESS 1537 Fall Road

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04423

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Md
West Baltimore General Hospital
Pay ward 16-4

CITY OF BALTIMORE: (No. Elsie Janis ST., 16-4 WARD)

2-FULL NAME ~~Baby Girl~~ Phelps -

(a) RESIDENCE NO. 1807 W. Lafayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

REGISTERED NO. 162 E 04423

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 6. 1925

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Clarence E Phelps

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia Pa

12 MAIDEN NAME OF MOTHER Anna Bull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mr Clarence E Phelps
(Address) 1807 West Lafayette ave

15 Filed DEC 8 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 6 . 19 25. to Dec 7 . 19 25.

that I last saw her alive on Dec 7 . 19 25.

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 6 25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo E. Shannon, M. D.

. 19 (Address) 708 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 12/8/25 19

UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04424

CERTIFICATE OF DEATH.

74 E 04424

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 W. Lanvale St.) (Ward) 16-7

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet B. Swann

(a) RESIDENCE. No. 1408 W. Lanvale St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barnum Swann

6 DATE OF BIRTH (month, day, and year): 1829

7 AGE — Years: 96 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co

PARENTS

10 NAME OF FATHER: John Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co. Md

12 MAIDEN NAME OF MOTHER: Henrietta Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co

14 Informant (Address): Mrs Laura E Stephens 1408 W. Lanvale St

15 Filed DEC 8 - 1925 Robert R. Krauter, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1925, to Dec 6, 1925, that I last saw her alive on Nov 29, 1925, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jas L Stooper, M. D.

Dec 7, 1925 (Address) 862 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 12/9 1925

20 UNDERTAKER: Samuel P. Bensley

ADDRESS: 75 Eddot

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04425

CERTIFICATE OF DEATH.

90 E 04425

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 611 W Lanvale ST., 17-1 WARD)

2-FULL NAME John F. Johnson

(a) RESIDENCE NO. 611 W Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Nannie Johnson

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 47 | Months | Days 1878 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 04½

(c) Name of employer: Himself

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ella Colton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co Md

14 Informant: Nannie Johnson

(Address) 611 W Lanvale

15 Filed DEC 8 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Given

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1925, to Dec 5, 1925, that I last saw him alive on Dec 5, 1925, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. 1 mos. 10 hrs. da.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) P. Fletcher M. D.

12/8 1925 (Address) 1725 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL 12/8 1925

20 UNDERTAKER: Samuel Shumley & Sons

ADDRESS 578 W Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04426

188-003

CERTIFICATE OF DEATH.

E 04426

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 401 Lake Avenue St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Gunther Keitel

(a) Residence No. 401 Lake Avenue St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Nordhoff Keitel

6-DATE OF BIRTH (month, day and year): Aug. 12, 1858

7-AGE: 67 yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town).....
(State or Country).

PARENTS.

10-NAME OF FATHER: William Keitel

11-BIRTHPLACE OF FATHER (city or town).....
(State or Country). Germany

12-MAIDEN NAME OF MOTHER: Augusta

13-BIRTHPLACE OF MOTHER (city or town).....
(State or Country). Germany

14-

(Informant) Frederick C. Stauffer

(Address) 401 Lake Ave. Govans, Md.

15- DEC 8 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec. 7, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 8, 1925, to Dec 7, 1925, that I last saw him alive on Dec. 5. 1925, 19....., and that death occurred, on the date stated above, at 8 15 A. M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

Pulmonary Edema

Shock from injury in Automobile accident (Duration) ....yrs....mos. 2 mins. (?) ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis said to be (Duration) 15 yrs. 8 mos. ds.

18-Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

12/7, 1925 (Signed) Williams E. Eagles, M. D. (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL, Dec 9, 1925

20-UNDERTAKER: Joseph B. Cook ADDRESS: 1003 N. Calvert

Instructions on Back of Certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04427

CERTIFICATE OF DEATH.

3-2 12 E 04427

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S. Caroline St ST., 3-2 WARD)

2-FULL NAME Bessie Ginsberg

(a) RESIDENCE NO. 210 S. Caroline St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathan Ginsberg

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 76 | Months — | Days — | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Hyman Tarses

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rachael Silverstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Levis (Address) 1439 E. Baltimore St

15 Filed DEC 8 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/7 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 24, 1925, to Dec 6 14, 1925, that I last saw h alive on Dec 6 14, 1925, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Heart disease (mitral stenosis, arteriosclerosis, pulmonary edema)

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam

(Signed) M. Chodorow, M. D.

, 19 (Address) 2338 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herman Kum

DATE OF BURIAL: 12/7 19 25

20 UNDERTAKER: Jack Levis 1439 E Baltimore St

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04428

CERTIFICATE OF DEATH.

49 E 04428

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3009 W. North ave (ST.) 5-7 (WARD)

2-FULL NAME Lewis Goldstrom

(a) RESIDENCE NO. 3009 W North ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Goldstrom

6 DATE OF BIRTH (month, day, and year) Oct 21-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Engraver

(c) Name of employer of Certificate

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Dr. Lewis Goldstrom (Address) 3009 W. North ave

15 Filed DEC 8 - 1925 ROBERT R. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1924, to Dec. 7, 1925, that I last saw h in alive on Dec. 5, 1925, and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Papilomata of bladder

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & lab.

(Signed) Isidor L. Levy, M. D.

Dec, 1925 (Address) 2036 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Lawn Cem — DATE OF BURIAL 12/9 1925

20 UNDERTAKER Jack Lewis 1429 E Balto — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04429

CERTIFICATE OF DEATH.

90 E 04429

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 N Collington Ave ST., 7-2 WARD)

2-FULL NAME Anton Blazek

(a) RESIDENCE NO. 933 N Collington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Blazek

6 DATE OF BIRTH (month, day, and year) 18 March 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER John Blazek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Josephine Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Anna Blazek

(Address) 933 N Collington Ave

15 Filed DEC 8 - 1925 [illegible] Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1925, to December 6, 1925, that I last saw him alive on December 6, 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Infective)

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Joseph Sokorny M. D.

, 19 (Address) 2124 Ashland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 9 1925

20 UNDERTAKER Paul Brockdon — ADDRESS 1906 Gilmore

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04430

E 04430

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

15-12

Registered No.....

City of BALTIMORE: (No. 1642 N. Fulton Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen A. Herbst

(a) Residence No. 1642 N. Fulton Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND) of (or) WIFE of Charles Herbst

6-DATE OF BIRTH (month, day and year) Jan 13th 1899

7-AGE. 26 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Lamp

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Gertrude Trindel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Charles Herbst

(Address) Manchester Md.

15- Filed DEC 8 - 1925 C. R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 6/25

17- I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1925 to Dec. 5, 1925; that I last saw h[illegible] alive on Dec. 5, 1925 and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs 3 mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Quinn, M. D

12/7 1925 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Dec 9 1925
20-UNDERTAKER, Frank A. Fink	ADDRESS 915 N. Gay St

Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04431

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 728 W North Ave., St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Dr. Harry Lincoln Kolseth

(a) Residence No. 728 W North Ave. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Locke Kolseth

6-DATE OF BIRTH (month, day and year) June 20 1867

7-AGE, 58 yrs. 5 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Physician

(b) General nature of industry, business, or establishment in which employed (or employer)... 54

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Boston

PARENTS.

10-NAME OF FATHER, Henry S Kolseth

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Norway

12-MAIDEN NAME OF MOTHER, Stevens

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Vermont

14- (Informant) Harold Kolseth

(Address) 4803 Oakhill Ave.

DEC 8 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 6th-1925

I HEREBY CERTIFY, That I attended deceased from Feb 2- 1925 to Dec 6 1925, that I last saw h[illegible] alive on Dec 3, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis with Hypertension Chronic Myocarditis Acute Coronary Dilatation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Elmer B Freeman M. D.

, 19 (Address) 412 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL, Dec 8, 19...

20-UNDERTAKER Harry A. Witzke ADDRESS 531 W. Lombard St

instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 04432

HEALTH DEPARTMENT—CITY OF BALTIMORE

003

188 E 04432

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lee near Sharp St. ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry O. Chandler

(a) RESIDENCE NO. 2308 Pennsylvania Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

5a If married, HUSBAND of Kate Chandler

6 DATE OF BIRTH (month, day, and year) September 16, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Prter Chandler.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Amelia Hayes.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14

Informant Thomas P. Chandler. (brother)

(Address) 1137 Leadenhall St.

15

Filed DEC 8 - 1925 Burial Permit Issued Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 5, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull. Fell in an automobile that overturned from the Lee st. bridge to the bed of Lee st near Sharp st. Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto Reinhardt, M. D. (Coroner.)

Dec, 8 1925 192 (Address) 1011 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Dec 9 1925

20 UNDERTAKER Joseph Syler

ADDRESS 1601 W. Pratt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04433

CERTIFICATE OF DEATH.

57 E 04433

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 E Biddle ST., 8-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna V. Lloyd

(a) RESIDENCE NO. 2229 E. Biddle ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced,~~ (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Lloyd.

6 DATE OF BIRTH (month, day, and year): March 29 1865

7 AGE: Years 60 | Months 8 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Charles J. Steiner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Caroline Brunwig

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: I. B. Lloyd.

(Address) 2229 E. Biddle St.

15 Filed DEC 8 - 1925 ROBERT R. KRAUTER, Registrar, Municipal Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 5 1925

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1924, to Dec. 5, 1925, that I last saw h~~er~~ alive on Dec. 5, 1925 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory tests

(Signed) Albert Livingood, M. D.

(Address) 613 S. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 12/8 1925

20 UNDERTAKER: Geo. J. Ruth — ADDRESS: 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks. Ermina L. Vicarini

E 04434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

126

E 04434 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital, 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Erina Vicarini

(a) Residence No. 1948 W. Lanvale St., 16th Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 23 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 13 1925

7-AGE. 9 yrs. 9 mos. 23 ds. If LESS than 1 day, 24 hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Louis Vicarini

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Lillian Handloser

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant). Mrs. Lillian M. Vicarini

(Address). 1948 W. Lanvale St

15- (Filed) DEC 8 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 7, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 4, 1925 to Dec 7, 1925 that I last saw her alive on Dec 7, 1925 and that death occurred, on the date stated above, at 12:40 m.

The CAUSE OF DEATH* was as follows:

Acute peritonitis
(cause undetermined)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes (Explor. lap.) Date of Dec 6

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Chewell Howell, M. D.

, 19 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park, Cemetery | DATE OF BURIAL. Dec 9th 1925

20-UNDERTAKER. C. Carson & Kennard | ADDRESS 723 W. Lafayette Ave

instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04435

CERTIFICATE OF DEATH.

129 E 04435

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... ST., 4-5 WARD)

2-FULL NAME Frank O. Peterson

(a) RESIDENCE NO. 2218 - Hartford Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelia Peterson

6 DATE OF BIRTH (month, day, and year) Mar 3. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	62	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Stockholm
(State or country) Sweden

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Sweden
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Sweden
(State or country)

14 Informant Cornelia Peterson
(Address) 2218 Hartford Road

15 Filed DEC 8 - 1925 ROBERT R. KRAMER Registrar

Municipal Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/6 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/5/25, 19 ..., to 12/6, 1925, that I last saw him alive on 12/6, 1925, and that death occurred, on the date stated above, at 11:25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

15 hrs.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Uremia & Chronic Nephritis

(duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of .....

Was there an autopsy? ?

What test confirmed diagnosis? Physical findings

(Signed) H. Bonnet, M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Dec 9 1925

20 UNDERTAKER W. M. Cook — ADDRESS 502 E. North Ave.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04436

CERTIFICATE OF DEATH.

E 04436

REGISTERED NO. 11-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2726 Edmondson Ave ST., 16-3 WARD)

2-FULL NAME Anna Rebecca Henning.

(a) RESIDENCE NO. 2726 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Charles C.

6 DATE OF BIRTH (month, day, and year): Nov. 6 1861

7 AGE — Years: 64 Months: 1 Days: 1 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Robert Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary Rodgers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Howard H. Henning (Address) 2726 Edmondson Ave

15 Filed DEC 8 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7 1925

17 I HEREBY CERTIFY, That I attended deceased from November 27, 1925, to December 7-, 1925, that I last saw her alive on December 7-, 1925, and that death occurred, on the date stated above, at 6-45 P.M.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) — yrs. — mos. 18 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Chester Kilander, M. D.

12-7, 1925 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Dec. 7 — DATE OF BURIAL 1925

20 UNDERTAKER: Wm Cook — ADDRESS 2532 Edmondson Ave

CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04437.

CERTIFICATE OF DEATH.

90 E 04437.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Gough ST. 3-N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Davis

(a) RESIDENCE NO. 1502 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Negro	Widowed.

5a If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Sarah Davis

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Jane Strut

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Ollie Hays

(Address) 1502 Gough St.

15 Filed DEC 8 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 7 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1 1925 to December 7 1925.

that I last saw him alive on December 6 1925,

and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

Respiratory failure.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardio Renal disease (duration) yrs. 8 mos. 7 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & laboratory

(Signed) Geo. S. Callum M. D.

[redacted] 1925 (Address) 5 E Lanvale St

*Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery DATE OF BURIAL Dec 9 1925

20 UNDERTAKER Edward Bryan ADDRESS 631 orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 04438

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04438

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 511 N. Mechanic St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John T. Goodman

(Residence in Baltimore: No. 511 N. Mechanic St. St.; 66 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	married

6-DATE OF BIRTH. about ..... (Month) ..... (Day) 1846 (Year)

7-AGE. 79 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Jeremiah Goodman

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Buchanan

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. Goodman

(Address) 511 N. Mechanic St.

DEC 8 - 1925 Clerk R. KRAUTER. Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. (Month) 5 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage.

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Dec. 4, 1925 (Address) 2802 Edmondson Av.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Riderstown Md.	Dec. 8, 1925
UNDERTAKER. Chas H. Dennis & T. C. Nelson	ADDRESS 1303 Riderstown St

is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 04439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 04439

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 E Baltimore ST., 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A Flowers

(a) RESIDENCE No. 3013 E Balto ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F Flowers

6 DATE OF BIRTH (month, day, and year) June 15/1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm L Mobray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Dorothea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Philip Krohn

(Address) 3013 E Baltimore St

15 Filed DEC 8 - 1925 Robert R. Krauter Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 25 to Dec 6, 25, that I last saw h[illegible] alive on Dec 6, 1925, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Course.

(Signed) [illegible] M. D.

Dec 7, 19 (Address) 2738 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fork M E Cem

DATE OF BURIAL Dec 9 1925

20 UNDERTAKER John Ulrich

ADDRESS 2008 Aliceanna

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

04440 — 17 E 04440

1-PLACE OF DEATH Bon Secours Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. 4-2 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sara Jones

(a) RESIDENCE NO. 1419 W. Lombard ST., WARD
(Usual place of abode) City
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of Wm. H. Jones

6 DATE OF BIRTH (month, day, and year) [illegible] 1864.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mrs. Jones's work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER Thos. H. Hague
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Annie R. Joyner
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Wm. H. Jones
(Address) 1419 W. Lombard St.

15 Filed ....., 19.... ROBERT R. KRAUTER, Registrar

DEC 8 - 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1925, to Dec. 5, 1925, that I last saw her alive on Dec. 5, 1925, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis
Acute appendicitis
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? Yes Date of 11/21/25
Was there an autopsy? No
What test confirmed diagnosis? Operation, Appendix
(Signed) Geo. D. Kirby, M. D.
, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Dec. 9 1925.
20 UNDERTAKER John J. Keegan & Son	ADDRESS 901 Holbrook St.

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 0441

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 0441

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Court House (Detention Home) ST., [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME P. M. Reilly or J. D. Edwards

(a) RESIDENCE No. 13-22 Eutaw place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 46 yrs				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Police Dept

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed ..... 192 ..... Registrar

8-1925 Burial Permit Clerk

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by pistol shot wound in brain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Drowning

(duration) yrs. mos. ds.

(Signed) W. J. Reilly, M. D.
(Coroner.)

DEC 6, 1925 (Address) 1039 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs., ... mos., ... ds. State New Hampshire yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 192

20 UNDERTAKER Commissioner Health

ADDRESS DEC 8 - 1925

Cor.—1-12-23—M&T—100 Bks. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 04442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04442

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH Pennsylvania Ave cor of St. Registered No. C.....

City of BALTIMORE: (No. At Joseph Hospital St. 31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Williams Gilliney

(Residence in Baltimore: No. Found at 1135 Watson St.; yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colo

5-Single, Married, Widowed, or Divorced, (Write the word.) ~~Married~~

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, About 52 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... unknown
(b) General nature of industry, business, or establishment in which employed (or employer)..... 087

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country), "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eastern Police Dept

(Address).....

15- Filed 8 1925 Robert P. Herrieon, 192 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 28 (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Alcoholism

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Exposure

(Duration) .....yrs.....mos.....ds.

(Signed) J. H. Walter M. D. (Coroner)

11-30 1925 (Address) 1886 North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, ...19...

20-UNDERTAKER. ADDRESS

THE MORGUE.

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04443

CERTIFICATE OF DEATH. 161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST 28-5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Watkins

(a) RESIDENCE NO. 5103 Windsider Road ST., TEN HILLS WARD —

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec-7-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Watkins

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Hutson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mrs. Henry Watkins
(Address) 5103 Windsider Rd. - Ten Hills.

15 Filed ... 8 - 1925 ..., 19... Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1925, to Dec. 7, 1925, that I last saw him alive on Dec. 7, 1925, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Premature labor & delivery due to premature rupture of membranes three weeks ago.

(duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Sige Schild

(Signed) Chas. W. Bonney Jr., M. D.

Dec 7, 1925 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL ...

20 UNDERTAKER ... ADDRESS ...

JOHNS HOPKINS HOSPITAL

Commissioner Health. DEC 10 1925

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04444

CERTIFICATE OF DEATH.

185 E 04444

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3902 Gwynn Oak Avenue ST 28-1 WARD)

2-FULL NAME Henrietta Wilson

(a) RESIDENCE NO. 3902 Gwynn Oak Avenue ST. WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 94 yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? 94 yrs. 5 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James A Wilson

6 DATE OF BIRTH (month, day, and year): July-1-1831

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	94	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (City or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER ? ? ? Folks

11 BIRTHPLACE OF FATHER (city or town) Not Known
(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known
(State or country) Could not ascertain

14 Informant Mrs. Margaret Schneider
(Address) 3902 Gwynn Oak Avenue

15 Filed 8-1825, 19 Robert F. Carrieck, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-7 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov-22, 1925, to Dec 7, 1925, that I last saw her alive on Dec 7, 1925 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Fracture Neck of Femur
(See reverse side)
(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia (Terminal)
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. K. Edmonds M. D.

, 19 (Address) 2923 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec-9-25

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 04445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04445

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sando Zumpano. Alias Sando Colby

(a) RESIDENCE No. Turners St (ST.) (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Zumpano.

6 DATE OF BIRTH (month, day, and year) May 8 - 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	6	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel
(c) Name of employer Corp.

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Angelo Zumpano

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mutnarpa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Helen Zumpano Daughter (Address) Turners St.

15 Filed Dec 8 - 1925, 192 Robert F. Morrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto Accident.

Multiple Fractions

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

(Signed) G. G. Wades, M. D.

Dec 7 25, 192 (Address) 1736 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Dec. 10 1925

20 UNDERTAKER Lilly and Zuke ADDRESS 403 S. Wolfe St.

FOR is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(Appel)

E 04446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04446

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary 44

CITY OF BALTIMORE: (No. N. Broadway ST., 1106 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Appel

(a) RESIDENCE NO. 3711 Fait Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis J. Appel.

6 DATE OF BIRTH (month, day, and year) Dec. 5-1863.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Schaub

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Kunigunda Joeckel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Lawrence F. Appel

(Address) 3711 Fait Ave

15 Filed ..., 19 ... Robert P. Garrison, Registrar

Burial Permit Clerk

C 8-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6, 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1925. to Dec. 5, 1925.

that I last saw h or alive on Dec. 5, 1925.

and that death occurred, on the date stated above, at 9:50 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) (?) yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Perforation 2 peri-tonitis, gen. (duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? (?)

Did an operation precede death? ... Date of Dec. 4, 1925

Was there an autopsy? Partial

What test confirmed diagnosis? Autopsy

(Signed) Henry J. P. Wilson M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Holy Redeemer Cem. DATE OF BURIAL Dec. 10th 1925

20 UNDERTAKER Lilly & Ziler ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 04447

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04447

CERTIFICATE OF DEATH.

REGISTERED NO. 6-3 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 Washington Boulevard ST. WARD)

2-FULL NAME Emma V. White

(a) RESIDENCE NO. 2314 Washington Boulevard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. White

6 DATE OF BIRTH (month, day, and year) July 7th 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	80	4	30 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER James H. Amey

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophia Jarvis

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant Sarah R. Herbert (Address) 2314 Washington Blvd.

15 Filed ..... Robert F. Harrison, Registrar

C 8-1925

Buried Forest Glen

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 7 1925 to Dec 6 1925

that I last saw her alive on Dec 5 1925

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Bert McKieffer M. D.

Dec 7 1925 (Address) 2320 Druid Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Dec. 9 1925

20 UNDERTAKER Frederick Lassahn & Sons — ADDRESS Fullerton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

LAKE DRIVE + BROOKFIELD AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04448

CERTIFICATE OF DEATH.

57 E 04448

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Cordova Apts. E-1 ST. 136 WARD)

2-FULL NAME Belle Altman

(a) RESIDENCE NO. Cordova Apts E-1 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nehemiah Altman

6 DATE OF BIRTH (month, day, and year) Aug. 9, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Jacoby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Zilli Haymann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. - Altman (Address) Cordova Apts

15 Filed ..... 19 Robert F. Herrieg Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7 1925.

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1925, to Dec 7, 1925.

that I last saw h[illegible] alive on Dec 6, 1925.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urine Blood sugar

(Signed) Julius Friedenwald, M. D.

Dec 8, 1925 (Address) 1013 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chebr Shalom Cem. DATE OF BURIAL 12/9/1925

20 UNDERTAKER David Sondheim ADDRESS 118 W. Mt. Royal Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04449

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04449

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No.) N. Broadway (ST.) (WARD) 17

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Laura L Cromwell

(a) RESIDENCE NO. 2753 Md. Ave., City ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lambert Cromwell

6 DATE OF BIRTH (month, day, and year): Sept 14 1853

7 AGE — Years: 72 — Months: 2 — Days: 24 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Isaac Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Jane Courter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Mr. Lambert H. Cromwell
(Address) 2941 N. Charles St

15 Filed ....., 19.... Registrar

Robert P. [illegible]
Burial Permit Clerk

C 8 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 8, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1925, to Dec. 8, 1925, that I last saw h alive on Dec. 7, 1925 and that death occurred, on the date stated above, at 5:45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) (?) yrs. mos ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of 9/11/25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H.W. Wright, M. D.

, 19 (Address) Church Home + Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem. — DATE OF BURIAL: Dec 9 1925

20 UNDERTAKER: Wm J Tickner Sons — ADDRESS: North St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 04450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04450

15-4

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3620 Fairview Ave WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Orin Philip McCarty

(a) RESIDENCE No. 3620 Fairview Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of or) WIFE of Deborah McCarty

6 DATE OF BIRTH (month, day, and year) Nov. 19 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	0	18	

8 OCCUPATION OF DECEASED Retired

(a) Trade, profession or particular kind of work Official

(b) General nature of industry, business, or establishment in which employed (or employer) Passenger Traffic Dept.

(c) Name of employer B & O R R.

9 BIRTHPLACE (city or town) Massilon

(State or country) Ohio

PARENTS

10 NAME OF FATHER Alfred McCarty

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Agnes Malon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) U.S.A.

14 Informant Mrs Stella A McCarty

(Address) 3620 Fairview Ave.

15 Filed ..... 19 Robert P. Harrison,

Registrar

8-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7, 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1923, to Dec 6, 1925.

that I last saw h— alive on Dec 6, 1925

and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis Arteriosclerosis hypertension

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac, Asthma,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arthur L Schumpert, M. D.

12/7, 1925 (Address) 2856 Sarum

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Indianapolis Ind	Dec 9 1925
20 UNDERTAKER	ADDRESS
Wm Fricker & Sons	Norfolk Va.

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04451

E 04451

CERTIFICATE OF DEATH.

187-006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Genetal Sepital WARD) 9451

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Collie Stroud.(C)

(a) RESIDENCE NO. Solley A.A.Co.Md. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rutherfordton, N.C.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Daniel Easton.
(Address) 916 Pennsylvania Ave.

15 Filed 8-1925, 192 Robert P. Harrison
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 2, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed about the abdomen. Caught between an ascending crane and bear. Uccidental Death.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Dec, 8, 1925 192 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? Piedmont Mt. City Guano Co. Curtis Bay

Former or usual residence Dec, 2° 1925

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rutherfordton N C — DATE OF BURIAL 12/8 1925

20 UNDERTAKER Daniel Easton — ADDRESS 916 Pa Ave

TION is very important. See instructions on back of certificate.

E 04452 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04452

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 618 Pine St. 17-3 Ward) 90 Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Randolph

(Residence in Baltimore: No. 658 Pine St.; yrs. 41 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1890 (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country) Richmond Va

PARENTS.

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER, (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. A. Price

(Address) Richmond Va

15-

Filed 8-1925 192.. Robert P. Morrison, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4 (Month) (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchial Congestion

(Duration) mos. ds.

(Signed) F. C. Blades M. D.

12/5/25 192.. (Coroner) (Address) 1431 E. Baltimore

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Richmond Va — DATE OF BURIAL, 12/9 192..

20-UNDERTAKER, Samuel A. Hundley — ADDRESS Medical

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 04453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 04453

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 Poplar Grove St., 20-2 WARD)

2-FULL NAME Mary Margaret Ritter

(a) RESIDENCE NO. 526 Poplar Grove ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter W. Ritter

6 DATE OF BIRTH (month, day and year): Sept 9, 1877

7 AGE — Years: 48 Months: 2 Days: 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John J. Callaghan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary McMahon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): District of Columbia

14 Informant: Walter W. Ritter

(Address): 526 Poplar Grove St.

Filed DEC 9 - 1925

MARGT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1925, to Dec 7th 1925,

that I last saw h[illegible] alive on Dec 7, 1925,

and that death occurred, on the date stated above, at 10.20 m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

Chronic Myocarditis - Mitral Regurgitation

Generalized Osteosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Ischio Rectal Abscess.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) W. Michel M. D.

12-8-1925 (Address) 2901 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield Cem.

DATE OF BURIAL: Dec. 9 1925

UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

Cor.—1-12-23—M&T—100 Bkn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04454

CERTIFICATE OF DEATH.

66 / E 04454

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 542 Welcome Alley. ST. 22-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Snells(C)

(a) RESIDENCE NO. 542 Welcome Alley. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Widow.

5a If ~~married, widowed, or divorced~~ (or) WIFE of Samuel Snells.(C)

6 DATE OF BIRTH (month, day, and year) June 2,1869.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	6	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Hopkins.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Victoria Butler.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Minnie Hopkins.(C) daughter.
(Address) 542 Welcome Alley.

15 DEC 9 - 1925 [illegible] Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 6,1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.
Acute dilatation of the Heart.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)
Dec, 8, 1925 192 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs. ... mos., ... ds. In the State ... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery
DATE OF BURIAL 12/11 192 5

20 UNDERTAKER Mrs. Katie R. Williams
ADDRESS 222 N. Edward St.

Time extended 12/11/25

TION is very important. See instructions on back of certificate. EXACT STATEMENT OF OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04455 — E 04455

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH Baltimore City Hospitals

City of BALTIMORE: (No. Bay View Asylum, 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jane Murdock

(a) Residence No. 160 Brent St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black.

5-Single, Married, Widowed, or Divorced (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1849

7-AGE, 76 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Hospital Record Baltimore City Hospitals

15- Filed DEC 9 - 1925 Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-7-25

17- I HEREBY CERTIFY, That I attended deceased from 10-26-25 19 to 12-7 19 25

that I last saw her alive on 12-7 19 25

and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Transverse fracture of Right femur due to accidental fall in her home. Secondary Carcinoma (4 days)

(Duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov-16-25

Was there an autopsy? no for the fracture

What test confirmed diagnosis? Clinical & Lab Test

(Signed) Dr. Theodore Bielecki M. D. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL, Dec. 10, 1925.

20-UNDERTAKER, Mrs. Kate R. Williams — ADDRESS 322 N. Spruce St.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—V-10-21—M&T—1500 Bks.

1840 04456 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04456

CERTIFICATE OF DEATH. T100-001

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Inoyman

(a) RESIDENCE NO. United States Naval Hosp. ST., Wash. D.C. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Surgeon 054

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Brooklyn (State or country)

PARENTS

10 NAME OF FATHER Thos. Inoyman

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Frances Haire

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

DEC 9 - 1925 ROBERT R. KRAUTH, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 22nd, 1925, to Dec. 8th, 1925, that I last saw him alive on Dec. 8th, 1925, and that death occurred, on the date stated above, at 5.55 a.m.

The CAUSE OF DEATH* was as follows:

Lung abscess and Empyema (non tuberculous) left chest

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Sept 17 1925 Oct 26 1925

Was there an autopsy? Yes Empyema

What test confirmed diagnosis? Operation

(Signed) F. L. Reichert, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Nat. Cem. Va. DATE OF BURIAL 12/10 1925

20 UNDERTAKER Norval K. Tatlow ADDRESS Wash. D. C.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04457

CERTIFICATE OF DEATH.

31 E 04457

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City St. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Avon Jackson

(a) RESIDENCE NO. 548 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 22 — 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Geo Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Lillian Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cuba

14 Informant Hosp Records (Address)

15 Filed DEC 9 - 1925 [illegible] R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1925, to Dec 7, 1925, that I last saw him alive on Dec 6, 1925, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Enteritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) M. J. McTague M. D., M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem — DATE OF BURIAL 12/11 1925

20 UNDERTAKER Edmund D. Hennessy — ADDRESS 718 W Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04458 HEALTH DEPARTMENT—CITY OF BALTIMORE 45 E 04458

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1318 N. Bond ST. 8-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice L. Murphy

(a) RESIDENCE NO. 1318 N. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 9 mos. 11 ds. How long in U. S., if of foreign birth? Dys yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND) of (or) WIFE of Joseph E. Murphy

6 DATE OF BIRTH (month, day, and year) February 27 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Richard Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mr. Joseph. E Murphy
(Address) 1318 N Bond St

15 Filed DEC 8 - 1925 19 ..... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8 1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,

that I last saw h.. alive on Dec 7 19 25

and that death occurred, on the date stated above, at 12 20 a m.

The CAUSE OF DEATH* was as follows:

General Carcinosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas O'Donovan M. D.

Dec. 19 25 (Address) 5 E Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St. Vincents Cemetery — DATE OF BURIAL Dec. 11 1925

20 UNDERTAKER Henry Koch Son — ADDRESS 1301 E Eager St

INSTRUCTIONS: Answer questions carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 04459 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04459

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3704 Foster Ave ST., 76-5 WARD)

2-FULL NAME Charles Louis Arthur Born

(a) RESIDENCE NO. 3704 Foster Ave ST., 76 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Born

6 DATE OF BIRTH (month, day, and year) March 27- 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Arthur Born

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mary Born (Wife) (Address) 3704 Foster Ave.

15 Filed DEC 9 - 1925 19 Harold R. KRAUTER, Harold Perault (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1925, to Dec. 7, 1925, that I last saw him alive on Dec 7, 1925, and that death occurred, on the date stated above, at 3.04 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) 2 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) C. E. Fraser M. D.

12/9, 1925 (Address) 3907 Fairview Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL Dec. 10th 1925

20 UNDERTAKER Lilly and Zile ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04460

CERTIFICATE OF DEATH.

1825 E 04460

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Md. Gen. Hosp. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Katherine Kousois

(Residence in Baltimore: No. 1230 Greenmount Ave St.; yrs. 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced, (Write the word.) single

6-DATE OF BIRTH. March 10, (Month) (Day) 1919 (Year)

7-AGE. 6 yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. school girl
(b) General nature of industry, business, or establishment in which employed (or employer). 000

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. John Kousois

11-BIRTHPLACE OF FATHER, (State or Country), Greece

12-MAIDEN NAME OF MOTHER. Maria Lucas

13-BIRTHPLACE OF MOTHER, (State or Country). Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kousois

(Address) 1230 Greenmount

15-

Filed DEC 9 - 1925 192.. ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 7, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner's Inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of ribs
(Accidental accident)
1 hr.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia following
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessey M. D. (Coroner.)

Dec 8, 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Oak Lawn Cemetery Dec 9, 1925

20-UNDERTAKER. ADDRESS

H. Sondheim & Son 1710 Fleet st

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04461 — CERTIFICATE OF DEATH. 74-001 E 04461

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2206 Jefferson ST., 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Beck

(a) RESIDENCE NO. 2206 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm C. Beck

6 DATE OF BIRTH (month, day, and year): April 29-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Martin Derochinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wm Beck

(Address) 2206 Jefferson st

15 Filed DEC 9 - 1925 JOHN R. KRAUTH, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 13, 1925, to Dec 8, 1925.

that I last saw her alive on Dec 8, 1925.

and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of —

Was there an autopsy? — No —

What test confirmed diagnosis? —

(Signed) N. L. Dashiell M. D.

Dec 8, 1925 (Address) 2927 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem

DATE OF BURIAL: Dec 11 1925

20 UNDERTAKER: Philip Herwig

ADDRESS 2516 Orleans

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04462

CERTIFICATE OF DEATH.

38

E 04462

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 9-5 WARD)

2-FULL NAME John T. Murphy

(a) RESIDENCE No. 2057 Kennedy Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 28, 1915

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10 yr.	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John T. Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Viola ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Baltimore City Hospitals Record

(Address)

15 Filed DEC 5 - 1925, 19 ROBERT P. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1925, to Dec. 6, 1925, that I last saw him alive on Dec. 6, 1925, and that death occurred, on the date stated above, at 11:45 P m.

The CAUSE OF DEATH* was as follows:

Syphilis (congenital)
Central Nervous System
Syphilis.

(duration) life yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory.

(Signed) H. Lindsay Miller, M. D.

12-7, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 10 1925
20 UNDERTAKER E. A. Friedgen	ADDRESS 501 E 22 St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04463 — CERTIFICATE OF DEATH. — E 04463

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 1818 Alice Anne St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gregory Pakula

(Residence in Baltimore: No. 1818 Alice Anne St. St.; yrs., mos., ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Infant

6-DATE OF BIRTH. March (Month) 9 (Day) 1924 (Year)

7-AGE. 1 yrs. 8 mos. 30 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore md.

PARENTS.

10-NAME OF FATHER. Boleslaw Pakula

11-BIRTHPLACE OF FATHER, (State or Country). Poland.

12-MAIDEN NAME OF MOTHER. Kathrine Kita

13-BIRTHPLACE OF MOTHER, (State or Country). Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Boleslaw Pakula

(Address) 1818 alicesanna street

15- ROBERT R. KRAUTER

Filed ..... 192.. Burial Permit Clerk [illegible]

DEC 9 - 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 8 (Day) 25 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Anaemia (Primary)

(Duration) ..... yrs. 15 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. C. Blades M. D.

Dec 9 25 192.. (Coroner) (Address) 1143 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary Cemetery	Dec 9 1925
20-UNDERTAKER.	ADDRESS
George a Weber	2205 Bank ste

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04464 — 101-001 — E 04464

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2022 E. Eager St., 7-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Presley N. Cochran

(a) Residence No. 2022 E. Eager St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND ~~(or (a)) WIFE~~ of Pauline Wright Cochran

6-DATE OF BIRTH (month, day and year) Nov 23/73

7-AGE, 52 yrs. mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cracker & cake salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Bakery 066
(c) Name of employer: Sunshine Biscuit Co.

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Presley N. Cochran

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Elizabeth V. Hackett

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto

14- (Informant) Liston Fussellbaugh
(Address) 2620 St Paul St

15- DEC 9 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 7 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1925 to Dec 7 1925

that I last saw h.... alive on Dec 6 1925

and that death occurred, on the date stated above, at 12.10 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none but this

(Signed) H. E. Kemp M. D.

12/7, 1925 (Address) 1002 N Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: 12/10 1925

20-UNDERTAKER: Liston Fussellbaugh — ADDRESS: 2620 St Paul

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—170-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04465 (1863 94)

CERTIFICATE OF DEATH.

E 04465 (90)

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 14-1 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Hooker

(a) RESIDENCE NO. 1602 Druid Hill Ave St. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col.	widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Hanover N. C

PARENTS

10 NAME OF FATHER Enoch Lane

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Lucy Hooker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 13th 1925 to Dec. 7th 1925, that I last saw h[illegible] alive on Dec. 7th 1925, and that death occurred, on the date stated above, at 4 40 a. m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate Obstruction

(duration) 2 yrs. m[illegible]

CONTRIBUTORY (Secondary) Myocarditis (Myocardial failure)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of Nov 2025

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert Wm McKay, M. D.

19 (Address) Johns Hopkins.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Dec 10 1925
20 UNDERTAKER	ADDRESS
Wm Chas G. Bailey	1427 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Name should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04466

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 04466

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 104 Montebello Terrace ST. 27-12 WARD)

2-FULL NAME Ethel Eliza Duffield

(a) RESIDENCE No. 104 Montebello Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, ~~or Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur Duffield

6 DATE OF BIRTH (month, day, and year): Dec 21, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	13 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Technician

(b) General nature of industry, business, or establishment in which employed (or employer): Investigation

(c) Name of employer: Carnegie Institute

9 BIRTHPLACE (city or town) (State or country): Balto Maryland

PARENTS

10 NAME OF FATHER: Nicholas Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Maryland

12 MAIDEN NAME OF MOTHER: Anne E. Cullum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Maryland

14 Informant: Mrs Edward Frazier

(Address): 104 Montebello Terrace

DEC 9 - 1925 Filed

ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 1925

17 I HEREBY ~~CERTIFY~~, That I attended deceased from Nov 30, 1925, to Dec 8, 1925, that I last saw h~~e~~r alive on Dec 7, 1925, and that death occurred, on the date stated above, at 1. a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

according to Chronic Valvular Endocarditis

(duration) yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Ch Valv Endocarditis

(duration) ~~yrs. mos. ds.~~

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferson Burtt M. D.

12/9 1925 (Address) 2544 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakleaven Cemetery — DATE OF BURIAL: Dec 10 1925

20 UNDERTAKER: Jno B Spence — ADDRESS: 1325 N. Caroline St

E 04467. HEALTH DEPARTMENT—CITY OF BALTIMORE E 04467.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Mir Hospital St., 4-1 Ward) 87

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Howard Bryant.

(Residence in Baltimore: No.....St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-Single, Married, Widowed, or Divorced, (Write the word.)

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE: 35-4 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of Indnstry, business, or establishment in which employed (or employer)..... 87

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed DEC 9 - 1925 19.. JOHNS HOPKINS HOSPITAL Burial Permit Issued Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 23 (Month) (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to Hus death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pericarditis

(Duration) yrs. Days mos. 1 ds.

CONTRIBUTORY (Secondary) Oedema Lungs-

(Duration) yrs. mos. 1 ds.

(Signed) F. C. Bladen M. D. (Coroner.)

Dec 8/25 192 (Address) 43 N Bway

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ... 19..

20-UNDERTAKER, ADDRESS DEC 9 - 1925

THE MORGUE

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04468 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04468

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 20 Woodlea ST. 7 WARD 13) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elbath Emrich

(a) RESIDENCE NO. 20 Woodlea Terrace WARD 27

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: Hy Emrich

6 DATE OF BIRTH (month, day, and year): July 21-1847

7 AGE: Years 78 Months 4 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Conrad Horsch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rosalie Schubert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs D Coates (Address) Gardenville Md

15 Filed DEC 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/8/1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1925, to Dec 8, 1925, that I last saw h[illegible] alive on Dec 4, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Valular disease of heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

5 days (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W D Coates, M. D.

Dec 9, 1925 (Address) Govee & Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — DATE OF BURIAL: Dec 11 1925

20 UNDERTAKER: Robt S Turner Sr — ADDRESS: 1542 N Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04469

100-01 E 04469

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 Herring court St. 3-2 WARD)

2-FULL NAME Daniel Brown

(a) RESIDENCE. No. 229 Herring Court St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Color	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 9, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
11 months		11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Joseph Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore City

12 MAIDEN NAME OF MOTHER Golden Lipsin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore City

14 Informant (Address) 229 Herring Court Joseph Brown

15 Filed DEC 9 - 1925 [illegible] R. KRAUSE, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7th, 1925, to Dec. 9th, 1925, that I last saw him alive on Dec. 8th, 1925, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jacob L. Winner, M. D.

12-9, 1925 (Address) 30 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ever Green Cemetery	12-12 19
20 UNDERTAKER	ADDRESS
Theo. White	1135 S. Wolfe

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04470 E 04470

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert & Saratoga ST.) 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Jones

(a) RESIDENCE NO. 108 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	60	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer gdo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER George Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sallie Branch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Self

(Address)

15 Filed DEC 9 - 1925 JOSEPH R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1925, to Dec 8, 1925, that I last saw h alive on Dec 8, 1925, and that death occurred, on the date stated above, at 12.05 A m.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardiac & Vascular disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac & Respiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical signs Loss Particulars

(Signed) J E Norman M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkland DATE OF BURIAL 12/9/25

20 UNDERTAKER Bruce & Turley ADDRESS Fulton & Laytn

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 94471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04471

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Markley

(a) RESIDENCE NO. 1816 E Dunbar St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 21, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Markley

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.J.

12 MAIDEN NAME OF MOTHER Emma Mein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed DEC 8 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 7 1925. Dec 8 1925,

that I last saw him alive on Dec 8 1925,

and that death occurred, on the date stated above, at 9.20 a m.

The CAUSE OF DEATH* was as follows:

Syphilis, congenital

Bronchopneumonia, acute

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Syphilis, congenital

(duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. J. Schaffer M. D.

, 19 (Address) The Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec. 11 1925

20 UNDERTAKER William Cook

ADDRESS 92 E Monte St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04472

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 04472

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) 23-1 ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Hartman

(a) RESIDENCE NO. 22 East West ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	~~Single~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Single)

6 DATE OF BIRTH (month, day, and year) August 11-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) not known Md

PARENTS

10 NAME OF FATHER Wm Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant City Hospital Records

(Address) Baltimore Md

15 1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 7 1925

17

I HEREBY CERTIFY, That I attended deceased from November 20, 1925, to December 7, 1925.

that I last saw him alive on December 7, 1925,

and that death occurred, on the date stated above, at 8.50 p m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis general & cerebral

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (terminal)

Myocardial Failure (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Not Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hoopla Smith, M. D.

12-8-1925 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 12/11 1925

20 UNDERTAKER J. Fleur McCully

ADDRESS 130 E. Fort

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 04473

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04473

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) St Agnes Hospital (St.) 70-5 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad Fahnmüller

(a) RESIDENCE NO. 1931 N. Lombard St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. — mos. — ds. How long in U. S., if of foreign birth? 34 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kunigunde Fahnmüller

6 DATE OF BIRTH (month, day, and year): March 25. 1860

7 AGE: Years 65 | Months 8 | Days 13 14 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer): 85

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Fahnmüller

(Address): 1931 N. Lombard St

15 Filed 1925, 19 — Robert P. Hartlach, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-8-1925

17 I HEREBY CERTIFY, That I attended deceased from 12-8, 1925, to 12-8, 1925, that I last saw him alive on 12-8, 1925, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Not determined

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Intestinal Obstruction

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-8-25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Sheldon Eastland, M. D.

, 19 (Address) St. Agnes

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St Paul Cem. Woodlawn — DATE OF BURIAL: Dec: 11 1925

20 UNDERTAKER: C. H. Till — ADDRESS 3107 Fredk. Ave.

C 9

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04474

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04474

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 2018 N. Calvert St., 17-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elizabeth Henning

(a) Residence No. 2018 N. Calvert St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of August Henning

6-DATE OF BIRTH (month, day and year) 10/5 1847

7-AGE. 78 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town).....
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Hart

11-BIRTHPLACE OF FATHER (city or town).....
(State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town).....
(State or Country), Germany

11- (Informant) Miss Eliz. Lawrence

(Address) 2424 E. Lafayette Ave

15- Filed 12-9-1925 192... Robert ... Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) December 8th 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 1st 1925 to Dec 8th 1925

that I last saw her alive on Dec 8th 1925

and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo Humphreys M.D. M. D.

12/9 1925 (Address) 4018 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem

DATE OF BURIAL. 12/10 1925

20-UNDERTAKER. George J. Ruth

ADDRESS 1785 Harford Ave

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04475

90 E 04475

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Sifflen ave ST., 26-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry C. Hoffman

(a) RESIDENCE NO. 508 Sifflen ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna. M. Hoffman

6 DATE OF BIRTH (month, day, and year) April 6th. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 62

(b) General nature of industry, business, or establishment in which employed (or employer) Crown Cork.

(c) Name of employer Seal Co

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry C. Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Wichman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs Anna. M. Hoffman (Address) 508 Sifflen Ave

15 Dec. 9, 1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1925.

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1925, to Dec 6, 1925.

that I last saw h alive on Dec 6, 1925

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (~~Secondary~~) Mitral Regurgitation

Rotion (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas Simons, M. D.

12/7 1925 (Address) 4766 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 12/10 1925

20 UNDERTAKER George J. Pfeil

ADDRESS 1735 Harford

C 9 - 1925

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 04476 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04476

202

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 1-22 WARD)

2-FULL NAME William J. Fody

(a) RESIDENCE NO. 139 S. Linwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Nov 13/1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	0	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

009

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John W. Fody

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER ELLEN M. Mellin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston, Mass.

14 Informant John W. Fody
(Address) 139 S. Linwood Ave

15 Filed DEC 9 - 1925 192 Robert P. Harrison, Registrar
Chief Deputy Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-Street gas lamp post fell on him while he was attempting to climb same to put out light.-Accidental yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Gallen, M. D.
(Coroner.)

12-9-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	12/10 1925
20 UNDERTAKER	ADDRESS
Chas. P. Graul & Son	118 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 04477 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04477

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4014 Hawthorn Ave ST. 15-6 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Jane Hartlove

(a) RESIDENCE NO. 4014 Hawthorn Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Thomas F. Hartlove

6 DATE OF BIRTH (month, day, and year) January 21 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Wm Sherwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rebecca Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thomas F Hartlove
(Address) 4014 Hawthorn Ave

15 FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 19 25

17

I HEREBY CERTIFY, That I attended deceased from May 22 , 19 25 , to Dec 7 , 19 25 ,
that I last saw h[illegible] alive on Dec 7 , 19 25
and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis.
Chronic Interstitial Nephritis

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms.

(Signed) Stallman F. Hillman M. D.

, 19 (Address) 6 East Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem — DATE OF BURIAL Dec 10 19 25

20 UNDERTAKER J. J. Dickson & Sons — ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

9 - 1925

Cor.—1-12-23—M&T—100 Bks.

E 04478

HEALTH DEPARTMENT—CITY OF BALTIMORE

74E 001 04478

CERTIFICATE OF DEATH.

1-PLACE OF DEATH National Enameling & Stamping Co. REGISTERED NO.

CITY OF BALTIMORE: (No. Light & Wells Sts. St., 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Ostendorf.

(a) RESIDENCE No. 226 Maryland Ave. Westport. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a If married, widowed or divorced HUSBAND of Rose Ostendorf.

6 DATE OF BIRTH (month, day, and year) May, 14, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	6	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Ferdinand Ostendorf.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Angele Bultman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Rose Ostendorf. (wife)
(Address) 226 Maryland Ave. Westport.

15 Filed 9-1925 19 Robert P. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 7° 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M Reinhardt, M. D. (Coroner.)

Dec. 8, 1925 192 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 12-10 1925

20 UNDERTAKER E. T. B. Hartz — ADDRESS 1158 West St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 9-1925

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bkn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04479

CERTIFICATE OF DEATH.

E 04479

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3519 E Baltimore ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael F. Butler

(a) RESIDENCE No. 3519 E Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes C Butler

6 DATE OF BIRTH (month, day, and year) April 21 - 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John J. Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Winn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Agnes C Butler

(Address) 3519 E Balto St

15 DEC 9 - 1925 Robert P. Harrison, 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 - 8 - 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/5, 1925, to 12/7, 1925, that I last saw h[illegible] alive on 12/7, 1925 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsions

Uric Acid Poisoning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia - Chr. Int. Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bryden J. Hadley, M. D.

Dec 9 1925 (Address) 3326 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	12-11 1925
20 UNDERTAKER James Dignan & Son	ADDRESS 1006 S Paca St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 04480

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04480

CERTIFICATE OF DEATH.

Registered No. C 90

1-PLACE OF DEATH
CITY OF BALTIMORE (No. ~~2400 E. Baltimore~~ 14 N. Augusta St ~~St.~~ WARD) 71

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Lowrey

(Residence in Baltimore: No. 1825 E. Chase St.; yrs. 52 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 16 (Day), 1873 (Year)

7-AGE, 52 yrs. 4 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Actor 8/6
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Alfred Lowrey

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Margaret Schneider

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M. Lowrey

(Address) 1825 E Chase St

15- Dec 9, 1925

Robert P. Harrison, 191.

Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 8 (Day), 191[illegible] (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) G. E. Wades (Coroner.) M. D.

Dec 9, 191[illegible] (Address) 43 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, Dec 10, 192[illegible]

20-UNDERTAKER Peter Nicolaus — ADDRESS 2000 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04481

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Homewood Hospital ST. 4th WARD) 6-2

2-FULL NAME Emma Mable Fletcher

(a) RESIDENCE NO. 836 Calverton Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~, (write the word): Single

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of: Baby Emma Mable Fletcher

6 DATE OF BIRTH (month, day, and year): Dec 21-1924

7 AGE: Years [redacted] Months 11 mos. Days 14 days. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minor

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm. R. Fletcher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Accomac County Va.

12 MAIDEN NAME OF MOTHER: Mary V. Schuster

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs. R. Fletcher

(Address) 836 Calverton Ave

15 Filed DEC 9 1925, 19 ..... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7th 19 25

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 19 25 to Dec 7, 19 25.

that I last saw h alive on Dec 7, 19 25.

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Intussusception

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) cause

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? 836 Calverton Rd

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Dr L Feldstein M. D.

19 (Address) 2724 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery

DATE OF BURIAL: Dec 9th 19 25

UNDERTAKER: F. B. Wippirt

ADDRESS: 1850 N Balto St

INFORMATION CONCERNING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 04482

HEALTH DEPARTMENT—CITY OF BALTIMORE

84 E 04482

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Harford Ave ST. 28 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna D Voght

(a) RESIDENCE No. 3116 Harford Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Wm H Voght

6 DATE OF BIRTH (month, day, and year) Dec. 12-1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Sfeuss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Grace Brigham

(Address) 3116 Harford Ave

15 Filed DEC 9 - 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-8 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1925, to Dec. 8, 1925, that I last saw h alive on Dec 8, 1925, and that death occurred, on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:

Cerebral Softening

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3105 Huntington

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical sign

(Signed) C F Campbell M. D.

Dec 9, 1925 (Address) 1701 Reformation Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Dec 11 1925

UNDERTAKER Chas Sherwood & Son

ADDRESS 417 Chestnut Ave

Burial Permit Issued

DEC 9 - 1925

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04483 001 E 04483

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 74

City of BALTIMORE: (No. 1621 Marshall St., 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Gerhard F. Bennett

(a) Residence No. 1621 Marshall St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Marg. Bennett

6-DATE OF BIRTH (month, day and year) June 29-1872

7-AGE. 53 yrs. 5 mos. 9 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mechanic 073

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R. R.

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) Unknown (State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country),

14- (Informant) Mrs. Marg. Bennett

(Address) 1621 Marshall

15- Filed DEC 10 1925 ROBT. R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 8-25

17- I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925 to Dec 8, 1925

that I last saw h~~e~~ alive on Dec 7, 1925

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. 8 ds

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Generally

(Signed) R. R. Campbell M. D

(Address) 1644 Hanover St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	12/10, 1925
20-UNDERTAKER,	**ADDRESS**
J. Few McCully	130 E. Fort

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04484

CERTIFICATE OF DEATH.

E 04484

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1013 Harlem Ave St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Sarah E. Marriott

(a) Residence No. 1013 Harlem Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of James Marriott

6-DATE OF BIRTH (month, day and year) Sept 23/1852

7-AGE. 73 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) James Marriott
(Address) 1013 Harlem Ave

15- Filed DEC 10 1925 ROBERT R. KRAUTER Registrar.
Burial Permit issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 8/1925

17- I HEREBY CERTIFY, That I attended deceased from September 1st 1925 to Dcember 8th 1925 that I last saw her alive on Dcember 8th 1925 and that death occurred, on the date stated above, at 12 00 p.m.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis

(Duration) — yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) — yrs. — mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar D. Fortune M. D.

, 19 (Address) 1 West Franklin St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park — DATE OF BURIAL. Dec 11 1925

20-UNDERTAKER. George J Smith — ADDRESS 1532 Hollins

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Hooff

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04485

CERTIFICATE OF DEATH.

46 V

E 04485

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1205 Linden ave ST., 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Bennett Hooff

(a) RESIDENCE NO. 1205 Linden Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 7 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	68	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charles Town
(State or country) Jefferson Co, West Va

PARENTS

10 NAME OF FATHER John L. Hooff

11 BIRTHPLACE OF FATHER (city or town) Charles Town
(State or country) Jeff. Co West Va

12 MAIDEN NAME OF MOTHER Clara S. Bennett

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant John L. Hooff
(Address) 1205 Linden Ave

15 Filed DEC 10 1925 M. S. T. R. KRAUSER, Registrar
Chief Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8th, 1925, to Dec. 9th, 1925,

that I last saw h[illegible] alive on Dec. 7th, 1925,

and that death occurred, on the date stated above, at 10, 30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Metastasis to Lungs

(duration) — yrs. 3 mos — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of In May 1925

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Thomas L. Shearer, M. D.

Dec 9th 1925 (Address) 905 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Dec 11th 1925
20 UNDERTAKER	ADDRESS
Henry H Jenkins & Son Co	Orchard & McCulloh Sts

INSTRUCTIONS—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 04486

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04486

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. Union Mem. Hosp. St., 17-3 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Lillian Doescher.

(Residence in Baltimore: No. 2709 St. Paul. St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~Single,~~ Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

6-DATE OF BIRTH. March 22 (Month) 1857 (Day) (Year)

7-AGE. 66 yrs. 8 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). La

PARENTS.

10-NAME OF FATHER. Jacob Robinson

11-BIRTHPLACE OF FATHER, (State or Country). Pa

12-MAIDEN NAME OF MOTHER. Rebecca Little

13-BIRTHPLACE OF MOTHER. (State or Country). York Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Union Memorial Hosp.

(Address) 33rd St

15- DEC 10 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 9 (Day) 25 192 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hemiplegia, 8 hrs

(Duration) ....yrs. ....mos. 8 hrs.

(Signed) H. C. Blades M. D. (Coroner.)

Dec 10 192 (Address) 43 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cem. DATE OF BURIAL. Dec 11 1925

20-UNDERTAKER. Henry Hankins & Co ADDRESS Edmondson Ave 2299

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

1930
63

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04487

CERTIFICATE OF DEATH.

E 04487 863

NH-001

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 719 ... ST., 15-13 WARD

2-FULL NAME Elizabeth Johnson

(a) RESIDENCE NO 719 ... ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses Johnson

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE: Years 62 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md.

PARENTS

10 NAME OF FATHER: William Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Burkhead & Son Bro...
(Address) 106 Brunswick St

15 Filed ..., 192 ... Registrar

DEC 10 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and jury find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) ecc history

(duration) ... yrs. ... mos. ... ds.

(Signed) J. T. Hennessy, M. D. (Coroner)

Dec. 8, 1925 (Address) 1802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Dec 10 1925

20 UNDERTAKER: Clarence E. Duffy — ADDRESS: 1647 Mary

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04488

161-001 E 04488

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital. ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Dawson

(a) RESIDENCE NO. 1320 N Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 4, 1925

7 AGE: Years | Months | Days: one | If LESS than 1 day, 5 hrs. or 35 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Vincent Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country): U. S.

12 MAIDEN NAME OF MOTHER: Pearl Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U. S.

14 Informant: W E Sisson

(Address) Johns Hopkins Hospital

15 Filed DEC 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-4, 1925, to 12-5, 1925,

that I last saw him alive on 12-5, 1925,

and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) W. E. Sisson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

PHILIP N. KRAUTER, Health Department

DEC 10 1925

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04489 CERTIFICATE OF DEATH. 159 E 04489

1-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital. ST., 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Wolfe

(a) RESIDENCE NO. 837 Hollins ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 4, 1925

7 AGE: Years | Months | Days: one | ~~If Born Alive~~ ~~under~~ 2 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Earl Fronck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Margaret Wolfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: W E Sisson

(Address) Johns Hopkins Hospital.

15 Filed DEC 10 1925 ROBERT R. KRAUTER, Registrar

Chief Bureau of Vital Statistics.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4 1925 to Dec. 5 1925,

that I last saw her ~~alive~~ on Dec. 5 1925,

and that death occurred, on the date stated above, at 11 a.m. P. m.

The CAUSE OF DEATH* was as follows:

monstrosity - acrania with exencephaly

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Respiratory paralysis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W E Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Baltimore City Health Dept.

ADDRESS DEC 10 1925

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Harry J Duff.

Spec.—1-10-21—M&T—1500 Bks.

E 04490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 04490

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland ST., 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry J. Duff

(a) RESIDENCE No. 422 Druid Hill Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) Feb. 16 - 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	42	9	22	

8 OCCUPATION OF DEACEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Duff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Josephine Sheppard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jennie Butler (Cousin)

(Address) 1406 Madison Ave.

15 Filed DEC 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/ - 19 25

17 I HEREBY CERTIFY, That I attended deceased from 12/1 . 19 25 . to 12/ - . 19 ....

that I last saw h alive on 12/ - . 19 25 .,

and that death occurred, on the date stated above, at 11 .. A. M.

The CAUSE OF DEATH* was as follows:

Pleurisy with Effusion (a)

Bilateral Pulmonary Tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute endocarditis Valvular

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical findings

What test confirmed diagnosis?

(Signed) J. Hubert Wilkinson M. D.

19 (Address) West Baltimore Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Dec. 11 1925

20 UNDERTAKER Jno. M. Johnson

ADDRESS 1234 Etting St.

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04491

CERTIFICATE OF DEATH.

45 E 04491

1-PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No.) Linden + Madison ST., 16 WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Edward Raine RAINE

(a) RESIDENCE NO. 1404 Popular Grove ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 11-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machine Operator 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cincinnatti Ohio

PARENTS

10 NAME OF FATHER Mr Raine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Caroline Lina Raine (Address) 1404 Popular Grove St.

15 Filed DEC 10 1925 ROBERT B. KRAUTH, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Dec 7, 1925, that I last saw h— alive on Dec 9, 1925, and that death occurred, on the date stated above, at 1:50 P m.

The CAUSE OF DEATH* was as follows:

Paralytic Ileus

acute (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac Failure Toxemia (duration) yrs. mos [illegible]

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Dec 5-1925

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. H. Cooper M. D.

, 19 (Address) Maryland General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL 12/11/1925

20 UNDERTAKER Geo. H. Burdon ADDRESS 2503 Edmondson Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04492 — 199 — E 04492

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. City Hospital ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B. Harrod.

(a) RESIDENCE NO. 905 Morris ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	53 yrs			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Roberta Locks (Address) 328 Canal st

15 Filed DEC 10 1923 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to Hes death on the day stated above. death

The CAUSE OF DEATH* was as follows: Homicide

Cerebral Haemorrhage

(duration) 1 yrs. 4 mos. 10 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 1 ds.

(Signed) C. E. Hades, M. D. (Coroner)

Dec 7, 192 (Address) 142 N Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	12/10 192 3

20 UNDERTAKER Adolphus Halsted ADDRESS 904 Fenton

Burial Permit Given

Notice should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.– 6-9-19– H. P. Co.– 1000 Bks.

E 04493

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 04493

CERTIFICATE OF DEATH.

1-PLACE OF DEATH #10 Beach St

CITY OF BALTIMORE: (No. Curtis Bay. Balto. Md. St. 5 Ward) 11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Marie Lenc –

(a) RESIDENCE. No. 10 Beach — St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Vaclav Baroch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Anna Raha

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Anna Jericek

(Address) 10 Beach St.

15 Filed DEC 10 1925 19 ROBT. R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 8 1925, to Dec 8 1925, that I last saw h er alive on Dec 8 1925, and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) old age & Heart Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Thos B. Horton, M. D.

(Address) Curtis Bay.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional data.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C.C.

DATE OF BURIAL Dec 11 1925

20 UNDERTAKER Hurst & Cockson

ADDRESS 1906 Eastern

NAME PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Simms

E 04494

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04494

CERTIFICATE OF DEATH.

Registered No. C 46-629

1-PLACE OF DEATH

City of BALTIMORE: (No. 1113 N. Gilmor St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Percy Simms

(Residence in Baltimore: No. 1113 N. Gilmor St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	married

6-DATE OF BIRTH. about ....., 1876
(Month) (Day) (Year)

7-AGE. 39 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Commuter
(b) General nature of industry, business, or establishment in which employed (or employer). 083

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jannette Simms

(Address) 1117 N. Gilmor St.

15-

Filed DEC 10 1926 ROBT R. KRAUTER, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 8, 1926
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T. J. Hennessy M. D.
(Coroner.)

Dec. 9 1926 (Address) 2 W. Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death. yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Zion	12/10/1926
20-UNDERTAKER.	ADDRESS
Daniel Carey	916 Ca ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04495

CERTIFICATE OF DEATH.

31-001

31 E 04495

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Vivian L. Hooper

(a) Residence No. 438 N. Fremont Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept. 5th 1925

7-AGE. ....yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Baby ooo

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..Baltimore, Md. (State or Country),

PARENTS:

10-NAME OF FATHER, Everett L. Hooper

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md

12-MAIDEN NAME OF MOTHER, Lillian Pfetzer

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md

14- (Informant)...Everett Hooper

(Address).....438 N. Fremont Ave

15- Filed DEC 10 1925 ROBERT R. KRAMER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec. 9, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15th 1925 to Dec 9th 1925 that I last saw h.er alive on Dec 9th 1925 and that death occurred, on the date stated above, at 3 40 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Miliary Tubercalosis

(Duration) yrs. 2 mos. ds

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Examination of organs

(Signed) George G. Finney, M. D.

Dec. 9. 1925 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. Dec 10th 1925

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Baltimore St

INSTRUCTIONS—PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Typing of burial returns
& Dec 17 '25

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04496

CERTIFICATE OF DEATH.

9 Asst Cons. E 04496

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 S. Carey St. ST., 19-2 WARD)

REGISTERED NO. E 04496

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Cecelia Myster

(a) RESIDENCE No. 112 S. Carey St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 11, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Clarence Myster

11 BIRTHPLACE OF FATHER (city or town) Newport News
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Hallie Hayes

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Mrs. ElizaBrown
(Address) 112 S. Carey Street

15 Filed DEC 10 1925 ROBERT R. KRAUTH Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1925, to Dec 9, 1925, that I last saw h[illegible] alive on Dec 9, 1925, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Paul Brown, M. D.

12-9, 1925 (Address) 1837 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lemon Park Cem

DATE OF BURIAL Dec 17 1925

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Patterson Pk

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 04497.

E 04497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N. Central Ave ST. 5 - 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosetta Jones

(a) RESIDENCE. No. 617 N. Central Ave ST. WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Jones.

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE — Years: 66 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework. 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Detroit Mich

PARENTS

10 NAME OF FATHER: Wm Espy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Detroit Mich

12 MAIDEN NAME OF MOTHER: Mahoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Detroit Mich

14 Informant (Address): Jas. Jones 617 N. Central Ave

15 Filed DEC 10 1925, 19 Robert F. Merrick, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 7th, 1925, to Dec 8th, 1925, that I last saw he alive on Dec 8th, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Regular

(Signed) F. C. Fisk, M. D.

Dec 8th, 1925 (Address) 1117 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: Dec 11 - 1925

20 UNDERTAKER: Mrs Chas G. Bailey

ADDRESS: 1421 Jefferson St

REC. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 04498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04498

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 7 5 - 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Bertie Fetsch

(a) RESIDENCE NO. Hubner Ave. Catonsville ST., Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry N. Fetsch

6 DATE OF BIRTH (month, day, and year) Dec 16 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	-	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Fagan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Husband - Henry N Fetsch

(Address) Hubner Ave Cats

15 Filed DEC 16 1925, 19 Robert P. Harriss, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/8/25

17 I HEREBY CERTIFY, That I attended deceased from 12 - 4, 1925, to 12 - 8, 1925, that I last saw her alive on 12 - 8, 1925 and that death occurred, on the date stated above, at 7.45 a m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Jabez T. Evans, M. D.

12/8/25 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 12/11/25

20 UNDERTAKER Engel & Foley Sons ADDRESS Cathedral St

INSTRUCTIONS.—THIS CERTIFICATE, WHEN COMPLETED, IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

(Luciano)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04499

CERTIFICATE OF DEATH.

18 E 04499

1-PLACE OF DEATH

City of BALTIMORE: (No. 235 S Bond St. Ward) 3-2

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Luciano.

(Residence in Baltimore: No. 235 S Bond St.; yrs. 1 mos. 3 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced, (Write the word.): Infant

6-DATE OF BIRTH: September (Month) 11. (Day) 1924 (Year)

7-AGE: 1 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Tony Luciano

11-BIRTHPLACE OF FATHER, (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Mary Delarcia

13-BIRTHPLACE OF MOTHER, (State or Country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tony Luciano

(Address) 235 S. Bond St.

15-

DEC 10 1925 192.....

Robert P. Whitten,

Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec (Month) 9 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident

Drowning (Acc.)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. C. Gates M. D.

Dec 10 192.... (Address) 1423 Bond St

(Coroner)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 11 1925.

20-UNDERTAKER: Wendell Lloyd Jr — ADDRESS: 37 N Howard

Spec.—1-10-21—M&T—1500 Bks.

E 04500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04500

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 157 W. Belvidere Ave ST. 27th WARD 3)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Noah H Hare

(a) RESIDENCE NO. 157 W. Belvidere ST., 27th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Hare

6 DATE OF BIRTH (month, day, and year) August 13-1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer) Not employed

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Forest, Balto Co Maryland

PARENTS

10 NAME OF FATHER John S. Hare

11 BIRTHPLACE OF FATHER (city or town) Forest (State or country) Balto Co. Md.

12 MAIDEN NAME OF MOTHER Bethay Hare

13 BIRTHPLACE OF MOTHER (city or town) Parkton (State or country) Balto Co Md.

14 Informant Mary Elizabeth Hare (Address) 157 W Belvidere, Ave Arlington

15 Filed , 19 Albert F. [illegible] Registrar

DEC 10 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 8 1923 to Dec 8 1923.

that I last saw h alive on Dec 7 1925

and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Sarcoma of foot and leg

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Heart weakening

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Preston, M. D.

, 19 (Address) Monkton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Irvindridge (cem) DATE OF BURIAL Dec 12, 1925

20 UNDERTAKER E Le Roy Stiffler ADDRESS 1255 North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 804501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

111-00 E 04501

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 23-W ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Elmore

(a) RESIDENCE NO. 184 W York St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gladys Elmore

6 DATE OF BIRTH (month, day, and year): 1891 July 14

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Helper

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Upton Elmore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Lucy Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 10 1925 Robert T. Williams, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 - 1925 to Dec 9 1925, that I last saw h[illegible]live on Dec 9 - 1925, and that death occurred, on the date stated above, at 3:20 P m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer - Perforation

(duration) 2 1/2 yrs. mos ds.

CONTRIBUTORY (Secondary) Peritonitis from perforation of ulcer (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? Yes Date of Dec 5-1925

Was there an autopsy? Yes

What test confirmed diagnosis? Path Exam

(Signed) Warfield M Theor M. D.

Dec 9. 1925 (Address) J H H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Dec 12 1925

20 UNDERTAKER: Margaret A. Flynn

ADDRESS: 1422 Light

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04502

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1900 Oakhill Ave ST. (WARD) 4

2-FULL NAME Annie B Koch

(a) RESIDENCE NO. 1900 Oakhill ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hugo Koch

6 DATE OF BIRTH (month, day, and year): Sept. 6, 1855

7 AGE — Years: 70 — Months: 3 — Days: 4 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: George Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sybilla Kromer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Hugo Koch
(Address) 1900 Oakhill Ave

15 Filed DEC 11 1925 Robert H. Mitchell, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1925, to Dec 10th, 1925, that I last saw her alive on Dec 9th, 1925, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Myocarditis

(duration) yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) J. H. Chatard, M. D.

Dec 15, 1925 (Address) 1300 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — DATE OF BURIAL: 12/15/25

20 UNDERTAKER: Wm. Cook — ADDRESS: 502 E Nor

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Matilda Williams

E 04503

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04503

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 244 S Bethel St., 3-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Matilda Williams

(Residence in Baltimore: No. 244 S Bethel St.; yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PRINT, WITH CARBON ONE SHEET ONLY

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1..... (Year)

7-AGE: 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harbert Roberts

(Address) 246 S Bethel St

15-

DEC 11 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 8 (Month) (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Thrombosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

192... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: Dec. 11, 1925

20-UNDERTAKER: John A Henderson — ADDRESS 1602 E. Monument

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04504

CERTIFICATE OF DEATH.

74 001 E 04504

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2811 W. 31 St. (St.) 17-V (WARD)

2-FULL NAME Mary Ellen Barnes

(a) RESIDENCE No. 2811 W. 31 St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Jesse L. Barnes

6 DATE OF BIRTH (month, day, and year) Jan 16 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	10	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Isaiah Houdelell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Catherine Given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Jesse L. Barnes
(Address) 2811 W. 31 st

15 Filed DEC 11 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inq (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Morrissey, M. D.
(Coroner.)

Dec 9, 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Mausoleum	Dec 12 192 5
20 UNDERTAKER	ADDRESS
A S Marshall	3539 Fall Rd

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04505

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 E 04505

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Barclay ST. 12-1 WARD)

2-FULL NAME Ernest Broore

(a) RESIDENCE. NO. 3503 Barclay ST., ... WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 5 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	4 Year	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. Md (State or country)

PARENTS

10 NAME OF FATHER Basil Broore

11 BIRTHPLACE OF FATHER (city or town) Rossville, Balto Co Md (State or country)

12 MAIDEN NAME OF MOTHER Elinora Chandler

13 BIRTHPLACE OF MOTHER (city or town) Balto Co Md (State or country)

14 Informant Eug. F. Broore

(Address) 4 Russell St. Mt. Winans

15 Filed DEC 11 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 9th, 1925, to Dec 10th, 1925, that I last saw him alive on Dec 10th, 1925, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Diphtheria Croup

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? None except Physical

(Signed) Eug. L. Wilkins M.D.

Dec 10, 1925 (Address) 224 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stephens Cem. Middle River	Dec 11 1925
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1725 Eastland Ave

Cor.—1-12-23—M&T—100 Bks.

E 04506

E 04506 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Northern Cross County Jail ST., (WARD)

2-FULL NAME Jackson P. Shriver

(a) RESIDENCE No. 2104 Homewood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 18th 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	10	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter 015
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co
(State or country) Md

PARENTS

10 NAME OF FATHER Alfred Shriver

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Adams Co Md

12 MAIDEN NAME OF MOTHER Hannah A Wood

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Co Md

14
Informant Miss Emma Shriver
(Address) 2104 Homewood ave

15
Filed DEC 11 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Pulmonary disease
by heart
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) John Morrison M. D.
(Coroner.)
Dec 10 1925 (Address) 1602 Belvedere

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec 12th 1925
20 UNDERTAKER	ADDRESS
George Schilling & Son	126 E Monument

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04507 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04507

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 S. Potomac ST. 1-3 WARD)

2-FULL NAME John H. Ramey

(a) RESIDENCE NO. 1124 S. Potomac ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Rayne

6 DATE OF BIRTH (month, day, and year) Jan. 16-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William A. Rayne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Margaret Snow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Lillian M. Rayne
(Address) 1124 S. Potomac St.

15 Filed ..... 19..... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1925, to Dec 8, 1925, that I last saw h alive on Dec 8, 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) severe yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chr. Bronchitis

(duration) severe yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Nathan J. Landau M. D.

, 19 (Address) 3035 Abbottsell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Dec. 12 1925

20 UNDERTAKER Zirkler + Zirkler — ADDRESS 1739 E Eager

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04508

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 S. East Ave St. 26-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Hamer.

(a) RESIDENCE NO. 1019 S. East ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Hamer

6 DATE OF BIRTH (month, day, and year) Jan. 5- 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B.C.R.+S. Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Adam Hamer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Magdelena Hartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Hamer

(Address) 1019 S. East ave

15 Filed DEC 11 1925, 19__ H. A. B. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 3- 1925, to Dec - 8 1925, that I last saw him alive on Dec - 8 - 1925, and that death occurred, on the date stated above, at 10 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood test

(Signed) Nathan J Bender, M. D.

19 (Address) 3021 Edmondson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery — DATE OF BURIAL: Dec 11 1925

20 UNDERTAKER: Zirkler + Zirkler — ADDRESS: 1739 E. Eager

Spec.—1-10-21—M&T—1500 Bks.

E 04509

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 04509

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 716 N. Gay ST., 10-2 WARD)

2-FULL NAME Georgama Allard

(a) RESIDENCE NO. 716 N. Gay ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 22-1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Allard

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sarah Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md

14 Informant George E. Welach

(Address) 716 N. Gay St.

15 Filed DEC 11 1925 ..... R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 23rd, 1925, to Dec 9th, 1925.

that I last saw h... alive on ..... 19...

and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos 16 ds.

CONTRIBUTORY (Secondary) General Debility

Cardiac Asthenia (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Albert L. Levy M. D.

12/9, 1925 (Address) 675 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	Dec 12 1925
20 UNDERTAKER	ADDRESS
Zirkel & Zirkel	1739 E. Eag...

Spec.—1-10-21—M&T—1500 Blks.

E 04510

HEALTH DEPARTMENT—CITY OF BALTIMORE

10-901

E 04510

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. 26-8 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Young

(a) RESIDENCE NO. 3229 O'Donnel St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 31- 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	9	8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Edward Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Bertha E. Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Bertha E. Young

(Address) 3229 O'Donnel st

15

Filed DEC 11 1925 19 [illegible] Registrar

Social Service Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/9 1925

17

I HEREBY CERTIFY, That I attended deceased from 12/5, 1925, to 12/9, 1925,

that I last saw h[illegible] alive on 12/9, 1925,

and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) B. Arthur Linde, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem.

DATE OF BURIAL Dec 12 1925

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Luis Lara

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04511

CERTIFICATE OF DEATH.

3 E 04511

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 W Hamburg St. 43-1 WARD)

2-FULL NAME Luis Lara

(a) RESIDENCE NO. 148 W. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: "In Cuba."

6 DATE OF BIRTH (month, day, and year): June-21-1892

7 AGE: 33 Years 33 | Months 5 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cuba

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cuba

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cuba

14 Informant: Sadie Taylor

(Address) 148 W. Hamburg

15 Filed DEC 11 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec-9 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/21, 1925, to Dec, 9, 1925, that I last saw h— alive on Dec, 9, 1925, and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) — yrs. 4 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Sputum Positive

(Signed) Dan Drabkin, M. D.

12/10 1925 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: 12/12 1925

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 139 W. Hamburg St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04512

CERTIFICATE OF DEATH.

REGISTERED NO. 12/E 04512

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001-W Lanvale ST. 16-7 WARD)

2-FULL NAME William J. Hunter

(a) RESIDENCE NO. 1001 W Lanvale St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A Hunter

6 DATE OF BIRTH (month, day, and year) June 29, 1859.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rail road Freight agent

(b) General nature of industry, business, or establishment in which employed (or employer) in R.R. Offices

(c) Name of employer Wa Md. R.R. Co Balto

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Alexander B. Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McCollum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs W. J. Hunter

(Address) 1001 W. Lanvale St

15 Filed DEC 11 1925 ROBT. R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1925

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1920, to Dec 8, 1925, that I last saw him alive on Dec 8, 1925, and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis. Terminal valvular insufficiency

(duration) over 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma (uremic)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. K. Mifflin, M. D.

12/8, 1925 (Address) 1002 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL 12/11 1925

20 UNDERTAKER James A Jones — ADDRESS 120 N. Pearl St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 04513

CERTIFICATE OF DEATH.

E 04513

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 S. Belair Road ST., Gardenville WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gene Elizabeth Roberts

(a) RESIDENCE NO. 923 S. Belair Road ST., Gardenville WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 6th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles J. Roberts

11 BIRTHPLACE OF FATHER (city or town) Allentown (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Grace M. Tilmon

13 BIRTHPLACE OF MOTHER (city or town) Progress (State or country) Pennsylvania

14 Informant Charles J. Roberts (Address) 923 Belair Road

15 Filed DEC 11 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9th 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 6, 1925, to Dec 9, 1925, that I last saw h. alive on Dec 9th, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. 7/12 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard Fritz M. D.

Dec 11 1925 (Address) Overlea

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lasalle Family Cemetery	Dec. 11 1925
20 UNDERTAKER	ADDRESS
Frederick Lasalle Sons	Fullerton

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04514 — 161-001 — E 04514

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 S. Belair Road ST., Gardenville WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Louise Roberts

(a) RESIDENCE No. 923 S. Belair Road ST., Gardenville WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 6th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs or ..min.
	—	—	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles J. Roberts

11 BIRTHPLACE OF FATHER (city or town) Allentown (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Grace McFilmore

13 BIRTHPLACE OF MOTHER (city or town) Progress (State or country) Pennsylvania

14 Informant Charles J. Roberts (Address) 923 S. Belair Road

15 Filed ..... 19 ..... Registrar

DEC 11 1925 — Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1925, to Dec 8, 1925, that I last saw h[illegible] alive on Dec 8th, 1925, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. 7½ mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Gustave A Ratz, M. D.

12/10, 1925 (Address) Overlea

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loreauton Family Cemetery	Dec. 11 1925
20 UNDERTAKER	ADDRESS
Frederick Loreauton Sons	Fredericksburg Va

I, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 04515

E 04515

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1023 Plumal ST.; 23 (WARD)

2-FULL NAME James Edward Hill

(a) RESIDENCE. NO. 1023 Plum ST., 23 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col-

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17 1908

7 AGE — Years — Months 3 2 — Days 25 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edw. Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Alberta McCleary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant (Address) James Crockett 1023 Plumal

15 Filed DEC 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/10/25

17 I HEREBY CERTIFY, That I attended deceased from 12/8/25 to 12/10/25

that I last saw him alive on 12/7/25

and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

12/11/25 (Address) 908 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

DATE OF BURIAL: Dec 11 1925

20 UNDERTAKER: A. L. Brown & Son

ADDRESS: 108 N. Monroe

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Blks.

See Letter on file Dec 14-1925 from Dr Champe

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04516 E 04516

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No Bay View Asylum ST. 23-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cassie Comishor Annie Williams

(a) RESIDENCE NO. 1014 Leadenhall ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
~~65~~	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 69

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lloyd Comet

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Matilda ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
Baltimore City Hospitals

15 Filed ....., 19..... Registrar

DEC 11 1925 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-22-, 1925, to Dec 9, 1925,

that I last saw her alive on Dec 9, 1925,

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 1 yrs. mos ds.

CONTRIBUTOR (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 9/27/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. Tests.

(Signed) Ira D Champe Jr, M. D.
Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct

DATE OF BURIAL Dec 11 1925

20 UNDERTAKER J. L. Brown & Son

ADDRESS 108 W. Monty-5

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04517 101-09 E 04517

CERTIFICATE OF DEATH.

E 04517

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 N. Eutaw St., 11-2 WARD)

2-FULL NAME Odessa Woolford

(a) RESIDENCE NO. 925 N. Eutaw St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 7, 1916

7 AGE — Years: 9 — Months: 5 — Days: 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: John Woolford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cambridge Md.

12 MAIDEN NAME OF MOTHER: Helen Bishop

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cambridge Md.

14 Informant: John Woolford (Address) 925 N. Eutaw St.

15 Filed DEC 11 1925 A. J. R. KRAUTER Registrar

Chief Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/9/1925

17 I HEREBY CERTIFY, That I attended deceased from 12/7/, 1925, to 12/9/, 1925, that I last saw her alive on 12/9/, 1925, and that death occurred, on the date stated above, at 12.27 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Pulmonary Hypostasis

Duration: yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

Duration: yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + History

(Signed) W. L. Bishop M. D.

, 19 (Address) 709 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Dec 13 1925

20 UNDERTAKER: C. A. Brown & Son — ADDRESS: Vose, Miss

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04518

11-001

CERTIFICATE OF DEATH.

E 04518

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5406 Park Heights Av ST., 27-2 WARD)

2-FULL NAME Sarah Ellen Kaylor

(a) RESIDENCE No. 5406 Park Heights ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Major F. Kaylor

6 DATE OF BIRTH (month, day, and year) Jany 7 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Jeff Bland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary E Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salisbury Md

14 Informant Major F. Kaylor (Address) 5406 Park Heights

Filed DEC 11 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 30, 1925, to Dec 8, 1925,

that I last saw h[illegible] alive on Dec 8, 1925,

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 8 yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Charles J Mellor, M. D.

, 19 (Address) 5242 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL/CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Dec 10 1925

20 UNDERTAKER J. Frank Lee Sons — ADDRESS North Ave

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

04519 — 90 — E 04519

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 15-13 WARD)

2-FULL NAME Catherine Carter

(a) RESIDENCE No. 1608 N. Gilmor ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Noble Carter

6 DATE OF BIRTH (month, day, and year) April 8 78

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	46	8		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic 37
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Md

PARENTS

10 NAME OF FATHER Peter Gould

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md

12 MAIDEN NAME OF MOTHER Charlotte Dorsey

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

14
Informant Noble Carter Jr.($on)
(Address) 1608 N. Gilmor St.

15
Filed DEC 11 1923, 192 ... Registrar
Michael P. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chr. Myocarditis & Infarctions Lungs
(Autopsy at Hopkins Hospital

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Direct Cause) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Cattell, M. D.
(Coroner.)
12-10-25 192 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Dec 14 192 5
20 UNDERTAKER	ADDRESS
Emma E. Wright	1644 Mc Cay

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 04520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88-003

E 04520

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John McKelvey

(Residence in Baltimore: No. 5th Ave & Shell Road St.; (yrs. 9 mos. ds.)

no number

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Sept (Month) 1 (Day) 1899 (Year)

7-AGE. 26 yrs. 3 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ironworker
(b) General nature of industry, business, or establishment in which employed (or employer): 047

9-BIRTHPLACE, (State or Country). New Jersey

PARENTS.

10-NAME OF FATHER. Jacob Mikolow

11-BIRTHPLACE OF FATHER, (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Mary Bradorski

13-BIRTHPLACE OF MOTHER, (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Sofinoski

(Address) 5th Ave Colgate

15-

Filed DEC 11 1925 ROBERT B. KRANTZ Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 9 (Day) 25 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto Accident

Fracture of Skull

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. C. Thos M. D.

(Coroner)

Dec 9 1925 (Address) 1423 Bond

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	Dec 12 1925
20-UNDERTAKER.	**ADDRESS.**
H. Sauder & Sons Inc	1710 West N.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04521

CERTIFICATE OF DEATH.

44 v

E 04521

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 N Washington ST., 7-2 WARD)

2-FULL NAME Charles Smith.

(a) RESIDENCE NO. 1011 N Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Smith.

6 DATE OF BIRTH (month, day, and year) Mch 27-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	—	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Laundryman

(b) General nature of industry, ~~a Factory~~ business, or establishment in which employed (or employer) A Hoen & Co 041

(c) Name of employer A. Hoen & Co.

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Smith

(Address) 1011 N Washington

DEC 11 1925 Filed Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 17, 1925, to Dec 9, 1925, that I last saw h... alive on Dec 9, 1925, and that death occurred, on the date stated above, at 5:15 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Exam

19 (Signed) Chas E Lemmon, M. D.

12/11, 1925 (Address) 711 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cem

DATE OF BURIAL Dec 11 1925

20 UNDERTAKER John Leerich

ADDRESS 2008 Orleans

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04522 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04522

CERTIFICATE OF DEATH.

47

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 E 31 ST., 9-3 WARD)

2-FULL NAME Ida L Baker

(a) RESIDENCE NO. 1729 E. 31 ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Aug 6 - 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ..... min.
	57	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Solomon Sparks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Dennis Kavanaugh

(Address) 1729 E 31st

15 Filed DEC 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 14th, 1925, to Dec 10th, 1925, that I last saw h~~e~~r alive on Dec 9th, 1925, and that death occurred, on the date stated above, at 5 3/4 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) yrs. 12 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Nov 8th 25

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) J O Culver Howard, M. D.

12/11, 1925 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL Dec 17 1925

20 UNDERTAKER Robt J Turner Jr — ADDRESS 1442 N. Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04523

E 04523

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 147 N. High St St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Charles A. Levitzky

(a) Residence No. 147 N. High St St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Levitzky

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 68 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rev

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Morris Levitzky

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Esther —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Jack Lewis

(Address) 434 E. Balt St

15- DEC 11 1925 Robert R. KRAUTER,

When ....., 19.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-11-25

17- I HEREBY CERTIFY, That I attended deceased from November 19 25 to Dec 11 19 25

That I last saw him alive on Dec 10 19 25

and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Asteriosclerosis Bronchial Asthma Chronic Nephritis

(Duration) 10 yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Moses Davison, M. D

, 19 (Address) 6 S. Exeter St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Ahrens Herman Run — DATE OF BURIAL. 12/11/ 19 25

20-UNDERTAKER. Jack Lewis — ADDRESS 434 E Balt St

NAME PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 04524

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 541 Pulaski St. W-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Cassidy

(a) RESIDENCE NO. 541 Pulaski St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie C. Cassidy

6 DATE OF BIRTH (month, day, and year) Jan 5-1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager Grocery

(b) General nature of industry, business, or establishment in which employed (or employer) Retail

(c) Name of employer A T P Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Cassidy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lillian M Kerwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Marie C. Cassidy

(Address) 541 N Pulaski St

15 Filed DEC 1 1925 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/9 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 1925 to 12/9 1925, that I last saw h[illegible] alive on 12/9 1925, and that death occurred, on the date stated above, at 3 PM m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Hem Chronic Pleurisy with Effusion

Tuberculosis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Acute Congestion Lungs

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Diagnosis

(Signed) Henry T. Cassidy M. D.

1925 (Address) 541 N Pulaski St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Dec 12 1925

20 UNDERTAKER N. C. Mudefield — ADDRESS 914 Greenmount Ave

Spec.—1-10-21—M&T—1500 Bks.

E 04525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04525

CERTIFICATE OF DEATH.

5-9 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4th ave near 9th St., Fairfield WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kunegunda J. Weicht

(a) RESIDENCE NO. 42 4th ave near 9th ST., Fairfield WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Weicht

6 DATE OF BIRTH (month, day, and year): Feb 18-1850

7 AGE: Years 75 Months 9. Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Carl Schmieder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr Jacob Weicht

(Address): Forsythia - Mathews

15 Filed DEC 11 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from March 15-, 1925, to Dec. 10, 1925

that I last saw h[illegible] alive on Dec 9, 1925

and that death occurred, on the date stated above, at 9.20 a m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchi - Pneumonia

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Dec 10, 1925 (Address) 816 - Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Dec 12 1925

20 UNDERTAKER: F. A. Schanze - Son — ADDRESS: 703 Hanover

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04526

CERTIFICATE OF DEATH.

12-4 90

E 04526

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3038 Abell Ave. St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arneda R. Vanderhoof

(a) RESIDENCE NO. Phelps N.Y., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fredk. D Vanderhoof

6 DATE OF BIRTH (month, day, and year): Apr. 26, 1856

7 AGE: Years 69 79 | Months 8 7 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Newark N.Y.

PARENTS

10 NAME OF FATHER: John R. Hyde

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.Y.

12 MAIDEN NAME OF MOTHER: Hannah Vanderhoof

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant: Mrs. W. a. Clark

(Address) 3038 Abell Ave.

15 Filed DEC 11 1925

WILLIAM R. KRAUTH, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11 1925

17 I HEREBY CERTIFY, That I attended deceased from July, 1925, to Dec 10, 1925, that I last saw her alive on Dec 10, 1925, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Dysentery Contributory Ulcerated Uterus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W J Corfield M. D.

, 19 (Address) 335 E 31st St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Phelps. N.Y.

DATE OF BURIAL: Dec 11 1925

20 UNDERTAKER: Wm J Pickerell Sons

ADDRESS North St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04527

CERTIFICATE OF DEATH.

E 04527

1-PLACE OF DEATH

Registered No. 90

City of BALTIMORE: (No. 1820 W. Baltimore St., W-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Michael Kremer

(a) Residence No. 1820 W. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 14/61

7-AGE, 63 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. laborer 040
(b) General nature of Industry, business, or establishment in which employed (or employer). in dumping slate
(c) Name of employer. Balto City Water Dept

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Kremer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Anna Long

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Miss Catherine Kremer
(Address) 1820 W Baltimore St

15- Filed ..... 192. ..... Registrar.

DEC 11 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 9/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1924 to Dec 9 1925 that I last saw him alive on Dec 8 1925 and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac valvular insufficiency (all valves) & dilatation

about 2
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency
(Duration) few hours yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Kruft M. D.

12/9, 1925 (Address) 1002 N. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	Dec 12 1925
20-UNDERTAKER.	ADDRESS
Henry W Mears & Son	805 N. Calvert

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E 04528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04528

CERTIFICATE OF DEATH.

1002 159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST., 26-7 WARD)

2-FULL NAME John E. Musciano

(a) **RESIDENCE NO.** 610 S. 14th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Dec 14/1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Musciano

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Gladys Gladfelter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sparrows Pt. Md

14 Informant: John Musciano

(Address): 610 S. 14th St

15 Filed DEC 11 1925, 192 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congental Cardiac Hypertrophy
Structure of ascending arch of aorta (syphilis) autopsy at Hopkins (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) J. S. H. Cullen, M. D.
(Coroner.)

12-10-25 192 (Address) 503 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus — DATE OF BURIAL: Dec. 12 192 6

20 UNDERTAKER: John J. Denny — ADDRESS: 715 Light

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04529

100-001

CERTIFICATE OF DEATH.

E 04529

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raymond & Richard ST., 70-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F. Scott

(a) RESIDENCE NO. 2529 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of John C. Scott

6 DATE OF BIRTH (month, day, and year) Aug 25, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Geo. Stewart

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Lucy Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

14 Informant Hattie Scott (Address) 2453 Madison

15 Filed DEC 11 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/9, 1925, to 12/11, 1925, that I last saw h alive on 12/11, 1925, and that death occurred, on the date stated above, at 4:00 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (acute)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jos. Hubert Wilkinson, M. D.

19 (Address) West Balt. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Olivet Cemetery

DATE OF BURIAL 12/13 1925

20 UNDERTAKER Wm. Leon Lee

ADDRESS 507 E. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04530

CERTIFICATE OF DEATH.

43

E 04530

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2937- McElderry St., 43 WARD)

2-FULL NAME John Grocll

(a) RESIDENCE NO. 2937- McElderry St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Grocll.

6 DATE OF BIRTH (month, day, and year) 3/26/1852

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
73	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steveder 074

(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frank Grocll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Grocll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Grocll

(Address) 2937- McElderry St

15 Filed DEC 11 1925 [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10, 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 3, 1925 to Dec. 10, 1925.

that I last saw him alive on Dec. 9, 1925;

and that death occurred, on the date stated above, at 4 20 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Inferior Maxillary Bone

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) General Metastasis

(duration) yrs. 1 mo. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory tests

(Signed) Albert Gingrich, M. D.

12/10 1925 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL 12/11 1925

20 UNDERTAKER George J Pfeltz Son ADDRESS 735 Hanford Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec--12-23-21--E.B.R.S.--400 Blks.

E 04531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04531

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

Registered No. 1-3 49

City of BALTIMORE: (No. 33d & Calvert St St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clayton Remsburg

(a) Residence No. 520 W Mulberry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (~~or~~) WIFE of: Mrs Clayton Remsburg

6-DATE OF BIRTH (month, day and year): Nov 3, 1855

7-AGE: 70 yrs. 1 mos. 8 ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: night watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Winona Apts

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Nelson Remsburg

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Catherine Minnick

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

14-Informant: Mrs Charles Randles (daughter)

(Address) 520 W Mulberry St

15-Filed: Robert P. Harrison, Registrar.

DEC 1925 Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec. 11-25

17- I HEREBY CERTIFY, That I attended deceased from December 7, 1925 to December 11, 1925 that I last saw h.im alive on December 11, 1925 and that death occurred, on the date stated above, at 6.10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of head of pancreas

at least (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Asthenia

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? clinical & laboratory autopsy notes

(Signed) Fowler P. Smith Jr M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Myersville Md. DATE OF BURIAL: 12/14 1925

20-UNDERTAKER: Bittle Bros. ADDRESS: Myersville Md.

U.S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 04532

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04532

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. WARD 1-1)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William B Algire

(a) RESIDENCE NO. 653 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm T Algire

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sue Roop

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hosp Records

(Address)

15 Filed DEC 11 1925, 19 JOSEPH F. MATTHEWS, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1925, to Dec 10, 1925, that I last saw him alive on Dec 10, 1925, and that death occurred, on the date stated above, at 11.00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. D. McKane M. D.

12/11/1925 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls, Balto Co — DATE OF BURIAL 12-13 1925

20 UNDERTAKER C. V. Tipton & Son — ADDRESS Hampstead Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 04533 HEALTH DEPARTMENT—CITY OF BALTIMORE 001 E 04533

CERTIFICATE OF DEATH. 16-7 74

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 928 Woodyear St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Jane Colq

(Residence in Baltimore: No. 928 Woodyear St. St.; yrs., 40 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	colored	widow

6-DATE OF BIRTH. about (Month) (Day) 1874 (Year)

7-AGE. 51 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. at home
(b) General nature of industry, business, or establishment in which employed (or employer). NO

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gray

(Address) 928 Woodyear

15- Filed DEC 11 1925, 192.. Robert P. Harrison, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 6, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Dec. 10, 1925 (Address) 2502 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
-	..... 19..

20-UNDERTAKER,	ADDRESS
Commissioner Health.	DEC 11 1925

Per. Wm. E. Woods

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 11 1925

Spec.—1-10-21—M&T—1500 Bks.

E 04534 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04534

91-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Garrison & Penhurst St. Gre 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Reiter

(a) RESIDENCE NO. Garrison & Penhurst Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Reiter

6 DATE OF BIRTH (month, day, and year): Aug 14-1853

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Peter Marx

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Wm A. Reiter

(Address): Garrison & Penhurst Aves

15 Filed DEC 11 1925, 19

Robert F. Harrison, Registrar

Burial Permit clerk

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1925, to Dec 10 1925, that I last saw her alive on Dec 10 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterial Sclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No ✓

What test confirmed diagnosis?

(Signed) Wm Love, M. D.

12/11, 1925 (Address) 836 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 12/14 1925

20 UNDERTAKER: Chas P. Maus

ADDRESS: 1101 Edmondson Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04535

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04535

CERTIFICATE OF DEATH.

129

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 W. North avenue St. 15-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Donohue

(a) RESIDENCE. NO. 1827 W. North avenue ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Patrick Donohue

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Coffinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Cecilia Coffinger (Address) 3022 Barclay St

15 Filed DEC 11 1925, 19 Robert F. Morrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 20th 1925, to Dec 9th, 1925, that I last saw h[er] alive on Dec 9th, 1925, and that death occurred, on the date stated above, at 9 50 a.m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis.

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of no

Was there an autopsy? ..

What test confirmed diagnosis? Microscopic & Clinical.

(Signed) Wm J Sullivan, M. D.

12/10. 1925 (Address) 1201 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	Dec 12 1925
20 UNDERTAKER	ADDRESS
Gorter Fahey & Son	1529 North ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04536 E 04536

CERTIFICATE OF DEATH.

REGISTERED NO. 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2613 Keyser ST., 8-5 WARD)

2-FULL NAME Melvina E. Marshall

(a) RESIDENCE NO. 2613 Keyser ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L. Marshall

6 DATE OF BIRTH (month, day, and year) Feb 6 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER Melvina Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant John W. Marshall
(Address) 2613 Keyser St

15 Filed DEC 11 1925, Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1925, to Dec 11, 1925, that I last saw her alive on Dec 11, 1925, and that death occurred, on the date stated above, at 11¹⁵ A. m.

The CAUSE OF DEATH* was as follows:

Cancer of liver —

(duration) 3 yrs. ? mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical —

(Signed) John Feeley M. D.

12/11 1925 (Address) 3522 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem — DATE OF BURIAL Dec 12 1925

20 UNDERTAKER Zuckerman & Zuckerman — ADDRESS 1739 E Eager St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 11 1925

Spec.—1-10-21—M&T—1500 Blks.

Wm James Cain Letters on file Dec 4-1925 from W F Carr M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04537 E 04537

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 663 Pierce ST., 17-3 WARD)

2-FULL NAME Wm James Cain

(a) RESIDENCE NO. 663 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Cain

6 DATE OF BIRTH (month, day, and year): Dec 9- 1878 (1868)

7 AGE: Years 47 Months 57 Days 2 If LESS than 1 day, ...hrs. or .....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER: Marcellus Cain

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER: Matilda Haymond

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant: Estelle Cain (Address) 1369 Woodyard

15 Filed Dec 11 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Dec. 9, 1925, that I last saw him alive on Dec. 8, 1925, and that death occurred, on the date stated above, at 7.05 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Microscopical

(Signed) W. F. Carr, M. D.

Dec 9 1925 (Address) 515 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL 12/12 1925

20 UNDERTAKER: Samuel Wesley — ADDRESS 578 W Baltimore St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

DEC 11 1925

Spec.—1-10-21—M&T—1500 Bks.

E 04538 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04538

CERTIFICATE OF DEATH. X 129

1-PLACE OF DEATH St Joseph's Hosp REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore ST., 9-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma Jane Smith

(a) RESIDENCE NO. 403 Railroad Ave, Towson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred + yrs. 1½ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Smith

6 DATE OF BIRTH (month, day, and year): June 9, 1867

7 AGE: Years 58 Months 6 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hartford County Md.

PARENTS

10 NAME OF FATHER: Samuel Preston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hartford County Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hartford County Md.

14 Informant: John W. Smith.

(Address) 403 Railroad Ave

15 Filed ..... Robert F. Harrison, Registrar

C 1 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1925, to Dec 9, 1925, that I last saw h[illegible] alive on Dec 9, 1925, and that death occurred, on the date stated above, at 6:15 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) acute dilatation of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical, Lab & P.M.

(Signed) J. Joseph Tenney, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Rest Cem. DATE OF BURIAL: 12/13/25

20 UNDERTAKER: Samuel D. Hensley ADDRESS 538 N Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04539

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 St. Mary's St., 17-2 WARD)

2-FULL NAME James Pinkney

(a) RESIDENCE NO. 418 St Mary's ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Caterer. 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Pinkney

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Colbert

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Marie Moore (Address) 133-N-136th New York

15 Filed , 19 Robert P. Harrison, Registrar

C 11 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1925, to Dec. 9, 1925, that I last saw him alive on Dec. 8, 1925, and that death occurred, on the date stated above, at 8. A.M. m.

The CAUSE OF DEATH* was as follows:

Organic disease of heart,

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Paralysis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No test required

(Signed) J. Homer Hoffmeister M. D.

(Address) 1869 Bolton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catherdal Cem	12/13 1925

20 UNDERTAKER David D. Hruby ADDRESS 78 Biddle

IMPORTANT: WRITE PLAINLY. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04540

101-01 E 04540

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 935 Park ST. 11-7 WARD)

2-FULL NAME Georgiana Chase

(a) RESIDENCE NO. 933 Park ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced (or) WIFE of Robert Chase

6 DATE OF BIRTH (month, day, and year) Unknown 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas Askins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Effie Askins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Stella Watts (Address) 933 Park Ave.

15 Filed ..... 19 ..... Robert F. Harrison, Registrar

Assist. Vault Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1925, to Dec 9, 1925, that I last saw h.. alive on Dec 8, 1925, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E William Frey, M. D.

12/10, 1925 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 12/13 1925

20 UNDERTAKER Samuel Wesley Riddle

ADDRESS 7[illegible]

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C 11 1925

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04541

CERTIFICATE OF DEATH.

90 E 04541

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Stockton ST. 16-6 WARD)

2-FULL NAME Robert Hill

(a) RESIDENCE NO. 1125 Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Amelia Hill

6 DATE OF BIRTH (month, day, and year) 1865 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Between 55 + 60				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Salem (State or country) Alabama

PARENTS

10 NAME OF FATHER James Hill

11 BIRTHPLACE OF FATHER (city or town) Salem (State or country) Alabama

12 MAIDEN NAME OF MOTHER Emma Hill

13 BIRTHPLACE OF MOTHER (city or town) Salem (State or country) Alabama

14 Informant Amelia Hill (Address) 1125 Stockton St

15 Filed DEC 11 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1925, to Dec 9, 1925, that I last saw him alive on Dec 9, 1925, and that death occurred, on the date stated above, at 2.58 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

12/10, 1925 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 12/15 1925

20 UNDERTAKER Samuel Hensley — ADDRESS 1 Bible

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04542

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (NO. Laynor and Dukeland ST., 16-7 WARD)

REGISTERED NO. 37-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Atwood Walker

(a) RESIDENCE NO. 1320 W. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 (Single, Married, Widowed, or Divorced, (write the word)): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Walker

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE: Years 40; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butler 070

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Jacob Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Ella Walker 1320 W. Lanvale St

15 Filed 1 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/10 1925

17

I HEREBY CERTIFY, That I attended deceased from 11/20, 19 25, to 12/10, 19 25,

that I last saw him alive on 12/10, 19 25,

and that death occurred, on the date stated above, at 1:20 P.M.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Samuel H. Wellman, M. D.

, 19 (Address) West Balto. & C Streets

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Stan Cem

DATE OF BURIAL: 12/13 19 25

20 UNDERTAKER: Samuel H. Hensley

ADDRESS 78 N Bridle

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04543

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 N. Bruce St. ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgianna Starchia

(a) RESIDENCE No. 319 N. Bruce St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Negro.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Starchia

6 DATE OF BIRTH (month, day, and year) Aug. 19-1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	38	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northhampton Co. Va.

PARENTS

10 NAME OF FATHER Frank Fitchett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Thos. Starchia (Husband)

(Address) 319 N. Bruce St.

15 Filed ..., 19.... Robert P. Harrison, Registrar

Burial Permit Clerk

C 11 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-8-1925 19

17

I HEREBY CERTIFY, That I attended deceased from Nov. 18th. 19 1925 to Dec. 8th. 1925

that I last saw her alive on Dec. 7th. 1925

and that death occurred, on the date stated above, at 9;30 p. m.

The CAUSE OF DEATH* was as follows:

Carsonomata uteri

(duration) yrs. Unknown ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Va.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Pathological Tes

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Birds Nest Station Va.

DATE OF BURIAL: 12/12/1925

20 UNDERTAKER: Daniel Easton

ADDRESS: 916 Pa ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04544

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04544

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Motherhouse of Notre Dame ST., 10-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mathilda Mueller

(a) RESIDENCE NO. Cinquitte St & Ashland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June - 18 - 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher 68 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bethlehem Pa
(State or country)

PARENTS

10 NAME OF FATHER Joseph Mueller

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Martina Mierty

13 BIRTHPLACE OF MOTHER (city or town) Switzerland
(State or country)

14 Informant Sister M. Dionysia Notre Dame
(Address) Cinquitte St. City

12/12 1925

ROBERT J. [illegible]
Burial Permit Clerk.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec - 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov - 26 - 1925, to Dec - 10 - 1925,

that I last saw h[illegible] alive on Dec - 10 - 1925,

and that death occurred, on the date stated above, at 4.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis and Myocarditis acute dilatation heart

(duration) yrs. mos 14 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Sns

(Signed) F. J. Kelly, M. D.

(Address) 110 E Wash Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Notch Cliff Md. DATE OF BURIAL Dec. 14 1925

20 UNDERTAKER Frank A. Leith ADDRESS 915 N Gay

C 12 1925

mation should be carefully supplied. AGE should be stated EXACTLY. THINKING and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19 H. P. Co. 1000 Blks.

E 04545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04545

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Covington ST. 24-7 WARD)

2-FULL NAME Audrey Louise Ferguson

(a) RESIDENCE. NO. 1731 Covington ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 27. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Howard Ferguson

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Maud VanMeter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Howard Ferguson 1731 Covington St.

15 Filed ..... 19 Robert P. Harris Registrar

DEC 12 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1925, to Dec 11, 1925

that I last saw h[illegible] alive on Dec 11, 1925

and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs.

(Signed) L. H. Streett, M. D.

12/11, 1925 (Address) 445 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 12/12 1925

20 UNDERTAKER J. Frew McCully

ADDRESS 1800 E Fort

mation should be carefully supplied. Age should be stated in YEARS, MONTHS and DAYS. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Cor.—1-12-23—M&T—100 Bks.

E 04546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04546

CERTIFICATE OF DEATH.

205 E 001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John's Hopkins Hospital ST., 7-3 WARD)

2-FULL NAME Edgar Webster

(a) RESIDENCE NO #801 N. Rose St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feby. 4th. 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	13	10	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Artie L. Webster

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Reita L. Webster

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Artie L. Webster
(Address) 801 N. Rose St

15 Filed Dec 12 1925 Robert F. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/9/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Natural Causes-Autopsy at Hopkins Hospital showed nothing-Investigation still being made, will furnish later information. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Cullen, M. D. (Coroner.)

Dec 12 1925 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem. DATE OF BURIAL 12/12 1925

20 UNDERTAKER Philip Herwig ADDRESS 1016 Orleans St.

CAUSE OF DEATH must be plainly written. See instructions on back of certificate.
TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04547 ✓ 84 E 04547

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 7-1 St., Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Violet E. Getzinch

(a) RESIDENCE NO. 1160 Hairpoint Cleveland Ohio WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Mrs Violet~~ Getzinch

6 DATE OF BIRTH (month, day, and year) Nov. 4, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Cleveland (State or country) Ohio

PARENTS

10 NAME OF FATHER John Voelker

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Wilhelmenia Konrad

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant .....

(Address) Johns Hopkins Hospital

15 Filed ..... 19 ..... Robert T. Littleton Registrar

DEC 12 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 4 , 1925 , to Dec 12 , 1925 .

that I last saw her alive on Dec 12 , 1925 ,

and that death occurred, on the date stated above, at 1-0 m.

The CAUSE OF DEATH* was as follows:

Brain Tumor Benign
Cyst in Cerebello-Pontine
Angle Right.

(duration) 10 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 12-11-25

Was there an autopsy? yes

What test confirmed diagnosis? Op. & autopsy

(Signed) E. E. Ford , M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cleveland, Ohio. DATE OF BURIAL Dec. 12, 1925

20 UNDERTAKER John O. Mitchell ADDRESS 120 N. Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OC... PA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Blks.

E 04548

HEALTH DEPARTMENT—CITY OF BALTIMORE

162 E 04548

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST. 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Harrison

(a) RESIDENCE NO. 2739 Prospect ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Dec 6-25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establisbment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: William Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant (Address): Johns Hopkins Hospital (Hopkins)

15 Filed DEC 12 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8-25, 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiru (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

Tbe CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage -Tentorium Cerebelli (Congential)

Autopsy at Hopkins

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. Sh Collins, M. D.
(Coroner.)

12-10-25, 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 192

20 UNDERTAKER: Commissioner Health.

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(Usher)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04549

CERTIFICATE OF DEATH.

90 E 04549

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 E 21st St., 9-3 WARD)

2-FULL NAME Mary Usher

(a) RESIDENCE NO. 516 E 21st St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Usher.

6 DATE OF BIRTH (month, day, and year) Jan 6 1847.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Frank Kenny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Cath Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Frank Usher (Address) 516 E 21 St

15 Filed 12 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

C 12 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/ 1925

17 I HEREBY CERTIFY, That I attended deceased from October 19 25, to Dec 11, 1925, that I last saw her alive on Dec 11, 1925, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Myocarditis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) yrs 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thomas J. Kinder M. D.

, 19 (Address) 451 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Dec 14 1925

20 UNDERTAKER C. A. Wiedefeld & Co — ADDRESS 501 E Fayette St

mation should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04550

CERTIFICATE OF DEATH.

90 E 04550

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) BALTIMORE CITY HOSPITALS ST. 1-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Roark

(a) RESIDENCE NO. 627 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S.C.

PARENTS

10 NAME OF FATHER Green Roark

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Emma Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..... 19 Robert P. Harrison, Registrar

C 12 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5 1925, to Dec. 10 1925, that I last saw him alive on Dec. 10 1925, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis (Rheumatic)

Chronic myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. ½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Dr. Lindsay Miller M. D.

12/17/ 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER (Commissioner Health.

ADDRESS

mation should be carefully supplied. AGE should be stated in years. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04551

E 04551

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore general Hospital

CITY OF BALTIMORE: (No. Rayon and Dukeland ST. 16 WARD)

2-FULL NAME Benjamin B. Sevier

(a) RESIDENCE NO. Rayon and Dukeland ST., WARD Annapolis Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Annie M. Sevier

6 DATE OF BIRTH (month, day, and year) Feby 21 - 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
68	69	9 10	21 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Keeper (Grocer)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Sevier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mary E. Mason 5312 St. Leo Ave, Balto. Md

15 Filed DEC 12 1925, 19 Robert P. Warfield, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/24, 1925, to 12/12, 1925, that I last saw h in life on 12/12, 1925, and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Hypertrophic arthritis
Myocardial insufficiency
Post operative

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual findings

(Signed) Jas Hurst Wilson, M. D.

, 19 (Address) West Balto General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md

DATE OF BURIAL Dec 14 1925

20 UNDERTAKER Jas L. Taylor Sons

ADDRESS Annapolis Md

DEC 12 1925

mation should be carefully supplied. AGE should be stated in last birthday. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Cor.—1-12-23—M&T—100 Bks.

E 04552

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04552

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Mercy Memorial Hospital St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME N. Knight Sanford.

(a) RESIDENCE No. 2729 N. Charles St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 6 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	9	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Insurance
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) ~~Maryland~~

PARENTS

10 NAME OF FATHER Capt. J. L. Sanford.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary H. Knight

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto.

14 Informant John L. Sanford
(Address) 2729 N. Charles St.

Filed DEC 12 1925 192 Robert F. Morrison Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured base of skull
Street car accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) John Morrison M. D.
(Coroner.)
Dec 11, 1925 (Address) 3632 Pinkney

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	Dec 12 1925

20 UNDERTAKER E. A. Weidefeld Jr. ADDRESS 501 E 25 St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04553 + 11 E 04553

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (NO. ..... ST. 4 WARD 1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blair Nelson

(a) RESIDENCE NO. Bel Air Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eugenia Nelson

6 DATE OF BIRTH (month, day, and year) [illegible] 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER Frank Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Li. McGrady

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: University Hosp. Records (Address)

15 DEC 12 1925 16 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-11 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-5, 1925, to 12-11, 1925, that I last saw him alive on 12-11, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Appendicitis

Appendiceal Abscess

(duration) yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Peritonitis & Sub Phrenic Abscess (duration) yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 12-6-25

Was there an autopsy? .....

What test confirmed diagnosis? Surgical & Pathological Findings

(Signed) Lee Stan Elgin, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Darlington Cemetery Md — DATE OF BURIAL Dec 14th 1925

20 UNDERTAKER T. S. Bailey — ADDRESS Darlington Md

C 12 1925

mation should be carefully supplied. Avoid abbreviations. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

E 04554 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04554

CERTIFICATE OF DEATH. 185 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Wm Wallace, Rhea.

(Residence in Baltimore: No. Unknown St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	W	Widowed

6-DATE OF BIRTH. Not known (Month) (Day) 1..... (Year)

7-AGE. 74 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tailor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Not Known

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER, (State or Country). Not Known

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER, (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Sander & Sons

(Address) 1710 Fleet St

15- Filed DEC 12 1925 192..... Robert P. Harrison, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 10 (Month) (Day) 192 25 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Fall

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. C. Blades M. D.

Dec 12/25 192.... (Coroner) (Address) 143 No Bersey

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Dec. 12 1925
20-UNDERTAKER.	ADDRESS
Henry Sander & Sons Inc.	1710 Fleet St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

04555
186987

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 1 901
E 04555

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Clayton

(a) RESIDENCE No. 613 N. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard Clayton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Estelle Rawlings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 DEC 2 1925 . 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 - 1925 to Dec 11 - 1925

that I last saw him alive on Dec 11 - 1925

and that death occurred, on the date stated above, at 4 00 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, acute primary (Over)

(duration) yrs. — mos 10 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) A W Jacobson M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Smithfield Va

DATE OF BURIAL: 11/12/25

20 UNDERTAKER: Joseph Ahrens

ADDRESS: 221 Bway

mation should be carefully supplied. Any blanks not filled CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O... TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04556

CERTIFICATE OF DEATH. 101-001 E 04556

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 S. Eutaw St. ST. 22-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Cole.(C)

(a) RESIDENCE NO. 614 S. Eutaw St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 27, 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Henry Cole.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Maggie Gardner.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Maggie Cole.(C) mother.
(Address) 614 S. Eutaw St.

15 Filed DEC 13 1925 16 [illegible] R. BRADLEY
Burial Permit Clerk. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 10, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Reinhardt (Coroner.) M. D.

Dec 10, 1925 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Dec 13 1925

20 UNDERTAKER J. E. Brown & Son

ADDRESS 1018 W Monty

CAUSE OF DEATH to be plain terms, so that it may be properly classified. EXACT STATEMENT OF DISEASE OR CONDITION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04557

CERTIFICATE OF DEATH.

89 E 04557

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2400 Buchanan (St.) 17-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John H. Scott

(a) RESIDENCE. No. 2400 Buchanan ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE — Years: Apx 47 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Walter Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Mrs Irene Randall
(Address) 2400 Buchanan st.

15 Filed DEC 13 1925 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1925, to Dec 11, 1925, that I last saw him alive on Dec 11, 1925, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Leo. M. Feuerbach M. D.

(Address) 225 N. Mount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge Va	12/13/1925
20 UNDERTAKER	ADDRESS
Mrs. R. A. Elliott	Ashland Va

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04558

CERTIFICATE OF DEATH. X

90 E 04558

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1307 (Street) Brunt (ST.) 17-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walker Jackson

(a) RESIDENCE. NO. 1307 Brunt ST., WARD. Virginia

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose L. Jackson

6 DATE OF BIRTH (month, day, and year) about 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 56				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer) 0/8

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Va

PARENTS

10 NAME OF FATHER James Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rachel Welburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Benj. Jackson 130 E Brunt

15 Filed DEC 13 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Dec 11, 1925, that I last saw h[illegible] alive on Dec 11, 1925, and that death occurred, on the date stated above, at 8 00 A m.

The CAUSE OF DEATH* was as follows:

Chr. Myocardial degeneration

(duration) 1 yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Leo. H. Lofstedt M. D.

12-12, 1925 (Address) 2215 N. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Lancaster Co Va.	12/14/25

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1725 Ashland Ave

Cor.—1-12-23—M&T—100 Bks.

E 04559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04559

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1814 Orleans ST. 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Hollis

(a) RESIDENCE NO. 1814 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Oct 6 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	2	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Brick Yard
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Edward Hollis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Edna Barney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alverta Hollis (sister)
(Address) 1814 Orleans St

Filed DEC 13 1925 MURRAY R. KRAUTER, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Ballin, M. D.
(Coroner.)

12-11-25. 192 (Address) 505 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cemetery — DATE OF BURIAL 12/11/1925

20 UNDERTAKER Mrs. P. A. Elliott — ADDRESS 1725 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of DISEASE OR CONDITION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04560

CERTIFICATE OF DEATH.

74 001 E 04560

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Monument ST. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Israel Cohen

(a) RESIDENCE NO. 36 N. Edeu ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3/ yrs. mos. ds. How long in U. S., if of foreign birth? 3/ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Zelda Cohen

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rabbi

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Benj. Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 E Balt St

15 Filed ....., 19 ..... Registrar

DEC 1 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 - 11 1925

17 I HEREBY CERTIFY, That I attended deceased from 11-20, 1925, to 12 - 11, 1925, that I last saw him alive on 12 - 11, 1925, and that death occurred, on the date stated above, at 9:40 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia, Uremia

(duration) yrs. mos. 2 1 ds.

CONTRIBUTORY (Secondary)

Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) A. Nights Jr. M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herrn Rm DATE OF BURIAL 12/13 1925

20 UNDERTAKER Jack Lewis 1439 E Balt ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04561 E 04561

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (NO. 821 Rabon ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard H. Boon.

(a) RESIDENCE. NO. 821 Rabon. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adele Boon

6 DATE OF BIRTH (month, day, and year) Dec 5th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer) Sash & Door Mfg.

(c) Name of employer Sherer & Co

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Jos. Boon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Evans.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Adele Boon. (Address) 821 Rabon st.

15 Date DEC 13 1925 ROBT. R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11th 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 19 25, to Dec 11th, 19 25, that I last saw him alive on Dec 10th, 19 25, and that death occurred, on the date stated above, at 3.20 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis.

(duration) yrs. Unknown mos. ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) — yrs. — mos. 8 ds.

18 Where was disease contracted if not at place of death? Y

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. C. Leick, M. D.

Dec 11 1925 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	12/13 1925
20 UNDERTAKER Samuel D. Hensley	ADDRESS 578 N Bidle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 04562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 04562

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 1500 WARD)

2-FULL NAME Miss Mary T. Erney

(a) RESIDENCE NO. 2406 Penna Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Penna
(State or country)

PARENTS

10 NAME OF FATHER unknown Joseph A. Erney

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER " (city or town)
(State or country)

14 Informant Sister - Mrs J Krout
(Address) 5433 Hadfield St

15 Filed Dec. 14 1926 H. KRAUSE Philadelphia Pa. Registrar

Mental Patient Check

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-11 1925

17 I HEREBY CERTIFY, That I attended deceased from 11-13, 1925, to 12-11, 1925, that I last saw her alive on 12-11, 1925 and that death occurred, on the date stated above, at 10 50 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis - hypertension
Chronic nephritis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? "

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) M. O'Rourke, M. D.

, 19 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Dec 14 1926

20 UNDERTAKER Scanlan Falvey & Co — ADDRESS 1527 Fourth Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every question must be answered. TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. B Co.—1000 Bks.

E 04563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04563

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Stevens Court St. 13-5 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Houseman

(a) RESIDENCE. No. 2606 Stevens Court St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., If of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W. White	Widowed

5a If ~~married~~, widowed, ~~divorced~~, HUSBAND of (or) WIFE of Henrietta Houseman

6 DATE OF BIRTH (month, day, and year) Aug 29, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76 Yrs.	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Albert Houseman.

(Address) 2106 Ridgewood Ave.

15 Filed ... 19... Robert R. Kramer Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 7th, 1925, to Dec. 12, 1925, that I last saw him alive on Dec. 12, 1925, and that death occurred, on the date stated above, at 3 25A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None — —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) John D. Quinn, M. D.

, 19 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	12/14/25
20 UNDERTAKER W. B. Cook	ADDRESS 502 E. Nor.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04564 E 04564

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No.) ST. 1-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor Budney

(a) RESIDENCE NO. 3026 Elliot Street. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 Single, ~~Married, Widowed,~~ or ~~Divorced (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 15, 1923

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
2	0	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md. Md

PARENTS

10 NAME OF FATHER Joseph Budney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sophia Musnocki

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Sophia Budney (Address) 3026 Elliot St

15 Filed DEC 15 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12-1925

17

I HEREBY CERTIFY, That I attended deceased from 11-28-, 1925, to 12-12-, 1925, that I last saw her alive on 12-12-, 1925, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary), Acut parenchymatous nephritis (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? clinical

(Signed) H. F. Bonyard, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus

DATE OF BURIAL Dec 14 1925

20 UNDERTAKER Jos Cook

ADDRESS 822 E Monument

Spec.—1-10-21—M&T—1500 Blks.

E 04565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04565

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 N. Carey ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Alexander Miller

(a) RESIDENCE No. 409 N. Carey Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche P. Miller

6 DATE OF BIRTH (month, day, and year) Mar. 21, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Shoe

(b) General nature of industry, business, or establishment in which employed (or employer) Dealer

(c) Name of employer

9 BIRTHPLACE (city or town) Savage (State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Burton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Blanche P. Miller

(Address) 409 N. Carey Street

15 Filed 19 ROBERT R. KRAUTH Registrar

DEC 13 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1925, to Dec 11th, 1925; that I last saw him alive on Dec 10th, 1925; and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Colitis -

Chronic Valvular Heart —

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Clement B. London, M. D.

12-11 25 19 (Address) 750 W. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Louden Park Cem	Dec 14 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Bolton St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04566

CERTIFICATE OF DEATH.

58-001

E 04566

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5207 Wayne Ave. (ST.) 28-2 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adaline Reus

(a) RESIDENCE No. 5207 Wayne Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Reus

6 DATE OF BIRTH (month, day, and year) April 8 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Edwin Zeutgraft

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Adolphe Reus

(Address) 5207 Wayne Ave.

15 Filed DEC 13 1925 19 ROBT. R. KNOTT Registrar

Burial Permit Issued

TION is very important See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1925

17 I HEREBY CERTIFY That I attended deceased from Oct. 8, 1925, to Dec. 12, 1925, that I last saw her alive on Dec. 11, 19 and that death occurred, on the date stated above, at 5.15 pm m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia with gradual decline. (Third Known attack)

(duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Ex of Blood

(Signed) Hayley Cole, M. D.

12/13, 1925 (Address) 2202 Garrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 14 1925

20 UNDERTAKER Jos B Cook

ADDRESS 1023 N Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04567 — CERTIFICATE OF DEATH. 31 — E 04567

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 Herbert ST. 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma L. Parrish

(a) RESIDENCE NO. 2126 Herbert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter E. Parrish

6 DATE OF BIRTH (month, day, and year) Mar. 29th, 1881

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44 43	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joshua Mullinix

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma McCammon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Walter E. Parrish

(Address) 2126 Herbert Street

15 Filed DEC 13 1925 ROGER R. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1925 to Dec 10, 1925

that I last saw her alive on Dec 10, 1925,

and that death occurred, on the date stated above, at 9.25 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], M. D.

12-11 1925 (Address) 2757 W North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cem. — DATE OF BURIAL Dec 14 1925

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 W Balto St

Spec.—i-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04568

CERTIFICATE OF DEATH.

31

E 04568

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 S. Washington Street 2-3 WARD)

2-FULL NAME Margarett . Grabowska

(a) RESIDENCE NO. 503 S. Washington Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John . Grabowski

6 DATE OF BIRTH (month, day, and year) May. 16 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John . Wojtysiak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Eckfert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. John . Grabowski

(Address) 503 S. Washington Street

15 Filed DEC 13 1925 CARL R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/10/25

17 I HEREBY CERTIFY, That I attended deceased from 10/6, 1925, to 12/10, 1925

that I last saw h alive on 12/9, 1925

and that death occurred, on the date stated above, at 145 P m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) David Adriaens, M. D.

, 19 26 (Address) 20 Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Dec 14 1925

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 04569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 04569

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 23-2 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Bulgan

(a) RESIDENCE NO. 1700 O live ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 27 - 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	2	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John H. Bulgen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Zell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Margaret Bulgen (Mother)
(Address) 1700 Oliver St.

15 Filed DEC 13 1925 ROBERT R. KRAUTER, Registrar
Health Records Section

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 6th, 1925, to Dec. 11th, 1925, that I last saw him alive on Dec. 11th, 1925, and that death occurred, on the date stated above, at 4:00 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Diagnosis

(Signed) W. P. Byerly, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Dec 15th 1925

20 UNDERTAKER: Lilly & Zeile ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21—M&T—1800 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04570 E 04570

CERTIFICATE OF DEATH.

7/4-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3971 Mt. Pleasant Ave ST. Ho 7 WARD)

2-FULL NAME Thomas Blum (Kathusky)

(a) RESIDENCE NO. 3971 Mt. Pleasant Ave ST., 76 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Blum (Kathusky)

6 DATE OF BIRTH (month, day, and year) Dec. 12 - 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	73	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. O+O

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem

(c) Name of employer Steel Corp.

9 BIRTHPLACE (city or town) (State or country) German Poland.

PARENTS

10 NAME OF FATHER Thomas Kathusky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger. Poland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger. Poland

14 Informant Mrs. Anna Caruso (Daughter)

(Address) 3971 Mt. Pleasant Ave

15 Filed 19 ROBERT P. KRAUTER Registrar

DEC 13 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1925

17

I HEREBY CERTIFY, That I attended deceased from December 10, 1925, to December 10 1925, that I last saw h living on December 10, 1925, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? ? Date of

Was there an autopsy? no.

What test confirmed diagnosis? none

(Signed) Allen C Rankin M. D.

12-11, 1925 (Address) 3139 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: Dec. 14 1925

20 UNDERTAKER: Lilly & Zulu ADDRESS: 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 lbs.

Bicking

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04571

CERTIFICATE OF DEATH.

100-001

E 04571

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 21-E WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm J Bicking

(a) RESIDENCE NO. 1117 Carrol ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

059

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Miss Irene Bicking

(Address) Same

DEC 3 1925 Filed ROBERT R. KRAUTH Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12—11 1925

17 I HEREBY CERTIFY, That I attended deceased from 12—9, 1925, to 12—11, 1925, that I last saw him alive on 12—11, 1925 and that death occurred, on the date stated above, at 3 10 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

N.F.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Signs

(Signed) John C Owens, M. D.

12/4/25 (Address) 904 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Dec. 14th 1925

20 UNDERTAKER John G Logan & Son

ADDRESS 901 Eutaw

Geo F Glascock

CAUSE OF DEATH must be written plainly. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 04572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1/4-001 E 04572

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 328 So. Popplet St. (Ward) 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Huberman

(a) RESIDENCE NO. 328 So. Poppleton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis J Huberman

6 DATE OF BIRTH (month, day, and year): Sept 28 / 1879

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Patrick Timothy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Croghan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Thos. P. Huberman
(Address): 328 So. Poppleton St

15 Filed DEC 13 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) about one yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. B. Horton, M. D.

(Address) Dec 12th 1925 Catonsville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. — DATE OF BURIAL: Dec. 14 1925

20 UNDERTAKER: John J. Lenyeu & Son — ADDRESS: 908 Hollins

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(See other side. Letter from Dr Lockwood)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04573

CERTIFICATE OF DEATH.

47 E 04573

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 508 Park Ave ST. WARD)

2-FULL NAME Lesbia Leavitt

(a) RESIDENCE NO. 508 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7 1869 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Gloucester Co Va

PARENTS

10 NAME OF FATHER Wm H Leavitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Gloucester Co Va

12 MAIDEN NAME OF MOTHER Henrietta Bidgood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gloucester Co Va

14 Informant (Address) Miss Willett Leavitt 508 Park ave

15 Filed DEC 13 1925 SOLAR B. KRAUSS Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from November 4, 1925, to Dec. 12th, 1925, that I last saw her alive on Dec. 7th 1925, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Femoral Carcinoma

(following operation 12 yrs ago for Cancer of Breast)

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? only for original one Date of 12 yrs. ago

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm P. Lockwood, M. D.

, 19 (Address) 8 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Dec 14 1925

20 UNDERTAKER John C. Mitchell

ADDRESS 120 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

804573

DR. WILLIAM F. LOCKWOOD
8 EAST EAGER STREET

Jan'y 5th 1926

C. Nampson Jones M.D.
Comm'r of Health:

Dear Doctor:

I am informed that in the case of the death Certificate of Lesbia Leavitt the wrong age was given viz. 65 yrs. I am glad to correct this and to give the proper age which is I understand 56 yrs. her birth day being given as of Nov. 7th 1869

Very Truly Yours
Wm F Lockwood

REVISED UNITED STATES STANDARD

...epidemic cerebrospinal meningitis"); *Erysipelas* (avoid use of "Croup"); *Typhoid fever* (never report as "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of

Spec.—1-10 21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04574

CERTIFICATE OF DEATH.

90

E 04574

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Ridge Road (St.) Mt Washington (Ward) 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James B. Lewelling

(a) RESIDENCE NO. Ridge Road (St.) Mt Washington (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Lewelling

6 DATE OF BIRTH (month, day, and year): Sept 1/1856

7 AGE: Years 69 | Months 3 | Days 11 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steamship Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 009

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Wm Lewelling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va Volgnia

12 MAIDEN NAME OF MOTHER: Jane Boland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs Geo D. Rogers

(Address) Ridge Rd Mt Washington

15 Filed DEC 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 12 1925

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1925, to Dec 12, 1925, that I last saw h[illegible] alive on Dec 12, 1925, and that death occurred, on the date stated above, at 3:35 a.m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Coronary Artery Sclerosis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary): Myocardial insufficiency

(duration) yrs. about mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical exam & pt.

(Signed) Alan Corbitt M. D.

Dec 12 1925 (Address) 1107 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va — DATE OF BURIAL: Nov. 13. 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04575

CERTIFICATE OF DEATH.

101-001 E 04575

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Holbrook ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Adam

(a) RESIDENCE NO. 1303 Holbrook ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Constant J. Adam

6 DATE OF BIRTH (month, day, and year): Oct 5 1870

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Joseph Steigman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna M. Debes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr Constant J. Adam

(Address) 1303 Holbrook St

15 Filed DEC 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1925, to Dec. 11, 1925, that I last saw h[illegible] alive on Dec 10, 1925, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, (right)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute myocarditis.

(duration) 0 yrs. 0 mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical Examination

(Signed) Chas. S. Nunstock, M. D.

12/14/1925 (Address) 1730 Linden ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Dec. 14 1925

20 UNDERTAKER: Henry Horch Son — ADDRESS: 1301 E Eager St

[illegible] Burial Permit Clerk

Spec.—1-30-21—M&T—1500 Bks.

E 04576

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04576

CERTIFICATE OF DEATH.

10-2 31

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1217 Greenmount Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Whittie

(a) RESIDENCE No. 1217 Greenmount Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 26, 1891

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Blower

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

056

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Whittie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary E. O'Neill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Mary Whittie

(Address) 1217 Greenmount Ave.

15 Filed ....., 19.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1925, to December 10th 1925

that I last saw h im alive on December 10th, 1925

and that death occurred, on the date stated above, at 5. A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 11 mos — ds.

CONTRIBUTORY (Secondary) Was Gassed on Field Of Battle (duration) France mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) H. E. Saunders M. D.

, 19 (Address) 719 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Dec 14 1925
20 UNDERTAKER	ADDRESS
H. C. Wiedefeld 914	Greenmt. Ave

Spec.—1-12-23—M&T—500 Blks.

E 04577 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04577

CERTIFICATE OF DEATH.

5-76

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3212. 21. St. ST. 17-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Arthur Robinson

(a) RESIDENCE NO. 3212 E. 21st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Tuvan

6 DATE OF BIRTH (month, day, and year) Dec 8, 1852

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) Chauffeur

(c) Name of employer Own private

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Joseph Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Emma Levy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Mary Tuvan Robinson (Address) 3212 E 21st

15 Filed ..... 19 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12, 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 14, 1925, to Dec 12, 1925, that I last saw h[illegible]live on Dec 12, 1925, and that death occurred, on the date stated above, at 2.15 a m.

The CAUSE OF DEATH* was as follows:

Paresis (Cerebral)

Unknown (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) Unknown ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferson Busey M. D.

12/12 1925 (Address) 2846 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Dec 16, 1925
20 UNDERTAKER	ADDRESS
Edward W. Conklin	1-4 E Lafayette

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 04578

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04578

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Hospital

REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 20-5 WARD)

2-FULL NAME Harry C Barnett

(a) RESIDENCE NO. 176 Ridge Ave Warren, Ohio ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Evelyn S. Barnett

6 DATE OF BIRTH (month, day, and year) Feb 19-1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Production Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Youngstown Pressed Steel 186

9 BIRTHPLACE (city or town) Hartford (State or country) Conn

PARENTS

10 NAME OF FATHER Wm L. Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Margaret Curley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

14 Informant Evelyn S. Barnett (Address) Warren Ohio

15 Filed 13 1925, 19 ROBERT R. KRAUTER Registrar

For Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1925, to Dec 13, 1925, that I last saw him alive on Dec. 13, 1925, and that death occurred, on the date stated above, at 8.40 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation 1da

Subacute cholecystitis 6

Chronic Appendicitis 3

Post-Operative Abdominal Adhesions 20.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Post-Op. Shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 12 '25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. D. Lippy, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Niles Ohio — DATE OF BURIAL Dec 13 1925

20 UNDERTAKER Wm J Dickner Sons — ADDRESS North Pa

TION is very important. See instructions on back of certificates.

Spec.—1-10-23—M&T—1500 Bks.

E 04579

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04579

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 N Mulberry ST. 18-1 WARD)

2-FULL NAME Lizzie Barbara Knight

(a) RESIDENCE NO. 1033 N Mulberry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Knight

6 DATE OF BIRTH (month, day, and year) August 20-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Huldenbrandt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. C. C. Rees

(Address) 1033 N Mulberry St

15 Filed ... 19... ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Dec 11, 1925, that I last saw h.r alive on Dec 10, 1925, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 6 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ... yrs. 2 mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical ex

(Signed) J. M. Compston, M. D.

Dec 13 1925 (Address) 826 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Dec 14 1925
20 UNDERTAKER Wm J Tickner Sons	ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

131925

Spec.—1-10-21—M&T—1500 Blks.

E 04580

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04580

CERTIFICATE OF DEATH.

213 129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Ramsay St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Elizabeth Hartman

(a) RESIDENCE NO. 700 Ramsay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank A. Hartman

6 DATE OF BIRTH (month, day, and year): Aug. 23 1872

7 AGE: Years 53 | Months 3 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: William H. Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Ask

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mr. Frank A Hartman 700 Ramsay St

15 Filed DEC 13 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1925, to Dec 12, 1925, that I last saw h[illegible] alive on December 11, 1925, and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Acute Endocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary + Clinical findings

(Signed) I M Pollett, M. D.

(Address) 624 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Dec 14 1925

20 UNDERTAKER: Wm J Keelan Sons

ADDRESS: North & Pc

DEC 13 1925

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O[illegible] OPA-TION is very important See instructions on back of certificates.

Dr Deetjen 1702 Eutaw Place

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04581 65-00 04581

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 East Pleasant ST., 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugo Haardt

(a) RESIDENCE NO. 6 E. Pleasant ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Augusta T Haardt

6 DATE OF BIRTH (month, day, and year) Sept 28. 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Importer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

0816

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Heinrich Haardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotte Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Augusta Haardt (Address) 6 E Pleasant St

15 Filed DEC 14 1925, 19 GKG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 6. 1923. to 13 December 1925.

that I last saw him alive on Dec 13, 1925.

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Hodgkins disease

about

(duration) ~~3 yrs.~~ mos ds.

CONTRIBUTORY (Secondary)

(duration) ~~yrs.~~ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr Chas Deetjen, M. D.

, 19 (Address) 1702 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Dec 14 1925

20 UNDERTAKER Wm Cook

ADDRESS 522 E Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04582

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 100 E 04582

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Women's Hospital ST., Lafayette & Broadway WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessica W. Preston

(a) RESIDENCE NO. Charles Apt. Chas. & 34th Sts. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Homer C. Preston

6 DATE OF BIRTH (month, day, and year) April 15. 1874.

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	50	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Whitehall, (State or country) New York

PARENTS

10 NAME OF FATHER D. J. Woods.

11 BIRTHPLACE OF FATHER (city or town) Whitehall (State or country) New York

12 MAIDEN NAME OF MOTHER Emma Parks.

13 BIRTHPLACE OF MOTHER (city or town) Whitehall (State or country) New York

14 Informant Homer C. Preston. husband. (Address) Charles Apts. Balto.

15 Filed DEC 14 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 19 25

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 19 25 to Dec 13 19 25

that I last saw her alive on Dec 13, 19 25;

and that death occurred, on the date stated above, at 8.05 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Asthma.

(duration) all yrs. life mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Alan Le Sullivan, M. D.

Dec 13 19 25 (Address) 1107 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Whitehall New York

DATE OF BURIAL 12/14 1925

20 UNDERTAKER Wm Cook

ADDRESS 502 E Monk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04583

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04583

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William M Reeder

(a) RESIDENCE NO. Benton Ky ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _ yrs. — mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attorney 042

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Benton Ky
(State or country)

PARENTS

10 NAME OF FATHER William M Reeder

11 BIRTHPLACE OF FATHER (city or town) Ky
(State or country)

12 MAIDEN NAME OF MOTHER Diane Parks

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant .....
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed DEC 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1925, to Dec 13, 1925, that I last saw him alive on Dec 13, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Thrombosis Cerebral
Blood Vessels Left

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Embolus

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Dec. 6, 25

Was there an autopsy? yes

What test confirmed diagnosis? Operation Autopsy

(Signed) J. S. Hart, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Benton Ky

DATE OF BURIAL 12/14/25

20 UNDERTAKER Joseph Abrens

ADDRESS W Saratoga

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04584 + 10,001 E 04584

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (NO. Rayner and Dukeland ST. 16 WARD) 25

2-FULL NAME Clarence Smith

(a) RESIDENCE NO. Lutherville, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1st 1885

7 AGE: Years 40 | Months 6 | Days 12 | If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Tobacco

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Port Tobacco Chas Co Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Jno W. W. Boyce

(Address) Lutherville Md

Filed DEC 14 1925 J. T. Ann Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/10, 1925, to 12/12, 1925, that I last saw h living on 12/12, 1925, and that death occurred, on the date stated above, at 4.10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation.

(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. ..... M. D.

, 19 (Address) 3 S. D. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Pleasant Park — DATE OF BURIAL 12-14-25

20 UNDERTAKER George T. A. Gibson — ADDRESS 1738 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04585

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hosp.

CITY OF BALTIMORE: (No. Baltimore St., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Carrie B. Young

(a) RESIDENCE NO. Child's Nursing Hosp. Franklin & Schroder St Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .. min.
	54	5 6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Office Work for 9

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Child's Nursing Hosp.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Sylvester M. Young

11 BIRTHPLACE OF FATHER (city or town) Hartford
(State or country) County, Md

12 MAIDEN NAME OF MOTHER Susanne Shaw

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) County, Md.

14 Informant St Joseph's Hospital
(Address)

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/10 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Dec 10, 1925,

that I last saw her alive on Dec 10, 1925,

and that death occurred, on the date stated above, at 6 00 P.m.

The CAUSE OF DEATH* was as follows:

~~Purulent Meningitis~~
secondary
Chronic mastoiditis

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Purulent meningitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Post Mortem

(Signed) Arnold R Jensen M.D.

12/10, 1925 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Dec 14 1925

20 UNDERTAKER Franklin W Seely — ADDRESS 709 W 33rd St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 04586

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04586

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 Thorndale St. (Pimlico) 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Henry Saunders

(a) RESIDENCE NO. 121 Thorndale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie J Saunders

6 DATE OF BIRTH (month, day, and year) June 20 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
	66	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm L Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lucian Christopher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs H. C Drechsler

(Address) 588 Reedy St

15 Filed DEC 14 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 5, 1925, to Dec 11, 1925, that I last saw him alive on Dec 11, 1925 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

General carcinomatosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Md Dorchester Co

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? Physical

(Signed) A. A. Hornstein, M. D.

12-1-1925, 19 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Dec 15 19

20 UNDERTAKER John Ellis & Co

ADDRESS 2008 Eutaw

TION is very important See instructions on back of certificates.

E 04587 HEALTH DEPARTMENT—CITY OF BALTIMORE E-001 E 04587

CERTIFICATE OF DEATH. 1925

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Univ Hosp. St. 161 Ward)

2-FULL NAME. Wm G. Hoffman

(Residence in Baltimore: No. 1521 Ellamont St. St.; yrs.....mos.....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, March 17 (Month) (Day) 857 (Year)

7-AGE, 68 yrs. 9 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Bank Runner
(b) General nature of industry, business, or establishment in which employed (or employer)..... Bank Bank

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER. Anderson Hoffman

11-BIRTHPLACE OF FATHER, (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER. Elizabeth Foxwood

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ida P. Hoffman

(Address) 1521 Ellamont St

15- DEC 14 1925

(Date) Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 12 (Month) (Day) 25 (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental,
Fall
Multiple Fracture

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Shock (Duration) ....yrs. ....mos. ....ds.

(Signed) J C Slade M. D.
(Coroner)
Dec 14 192.. (Address) 142 N Bway

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL Dec 15 192 6

20-UNDERTAKER. Geo. H. Little — ADDRESS 2705 Edmondson Ave

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04588

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04588

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH - M. G. Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 27-13 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret Wittbecker

(a) RESIDENCE NO. 3026 Berkshire Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 18/1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER J. A. Wittbecker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER E. Potter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Margaret Wittbecker (Address)

15 Filed DEC 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 27, 1925, to 12/12, 1925, that I last saw her alive on 12/12, 1925, and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 12/11/25

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno A Dempster, M. D.

, 19 (Address) Md Gen Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Park Wood Crem	Dec 15 1925
20 UNDERTAKER	ADDRESS
Peter Nicolaus	2060 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE or CONDITION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04589

CERTIFICATE OF DEATH.

101 E 04589

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 W 29 St ST. 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E Reynolds

(a) RESIDENCE NO. 412 W 29 St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Reynolds

6 DATE OF BIRTH (month, day, and year): April 1861

7 AGE: Years 64 | Months 8 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Harry Reynolds

(Address) 412 W 29 St

15 Filed DEC 14 1925, 19 ROBERT P. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11 1925

17

I HEREBY CERTIFY, That I attended deceased from December 7th, 1925, to December 11th, 1925,

that I last saw h[illegible] alive on Dec 11th, 1925,

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Lobar-Pneumonia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) William F. Clopton, M. D.

, 19 (Address) 2919 Huntington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Dec 14, 19 26

20 UNDERTAKER: Ehrenwerth Son — ADDRESS: 3617 Chestnut Ave

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 04590 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04590

CERTIFICATE OF DEATH

1-PLACE OF DEATH Frederick ave & Mt Olivet Lane REGISTERED NO.

CITY OF BALTIMORE: (No.) Pronounced dead at Franklin (STREET) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H. Lloyd Jr

(a) RESIDENCE NO. 615 Balto. Ave Towson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 8th 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	5	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Surveyor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Mr Whitney - Balto

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Thos H. Lloyd Sr

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Crowner

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant John H. Croghan
(Address) 609 Balto Ave. Towson

Filed DEC 14 1925 H. A. M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC. 13th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
(Duration) At once yrs. mos. ds.
CONTRIBUTORY (Secondary) Struck by Auto - driver unknown
(Duration) yrs. mos. ds.

(Signed) Joe B. Horton, M. D.
(Coroner.)
Dec. 14th 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Towson	Dec 17 1925
20 UNDERTAKER	ADDRESS
Peter Burns Sons	Towson

Now is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04591

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04591

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 523 Old Orchard Road ST., 28-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Crook

(a) RESIDENCE No. 523 Old Orchard Road ST., ~~Ten Mile~~ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos S Crook

6 DATE OF BIRTH (month, day, and year) Oct 2-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Bernard Dasseiger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Wentzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs A F V Platt

(Address) 523 Old Orchard Road

15 Filed DEC 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13 1925

17 I HEREBY CERTIFY That I attended deceased from Feb 2, 1925 to Dec 13, 1925.

that I last saw her alive on Dec 12, 1925.

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation of Heart

(duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) John A Ghahard, M. D.

12/14 1925 (Address) 1219 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Dec 15 1925

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1904 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificates.

E 04592

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04592

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1430 Mosher St. 16-6 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas. W. Payton

(Residence in Baltimore: No. 1430 Mosher St. St.; yrs. ..... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH. Aug. 13, 1925
(Month) (Day) (Year)

7-AGE. ..... yrs. 4 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). New York.

PARENTS.

10-NAME OF FATHER. Jas. Payton

11-BIRTHPLACE OF FATHER, (State or Country). N. C.

12-MAIDEN NAME OF MOTHER. Cecelia Green

13-BIRTHPLACE OF MOTHER, (State or Country). D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. Payton

(Address) 1430 Mosher St.

15- Filed DEC 14 1925 19.. Harry Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 13, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) no other history.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Dec. 14, 1925 (Address) 2 E Read Baltimore

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Peters	Dec 15 1925

20-UNDERTAKER.	ADDRESS
Jam's L. Clinton	1100 Mosher St

is very important. See instructions on back of certificate.

E 04593 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04593

CERTIFICATE OF DEATH. 74-001

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Colonial Hosp. St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Julia E. Rasin

(Residence in Baltimore: No. 1118 Parish alley St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. colored

5-Single, Married, Widowed, or Divorced. (Write the word.) widow

6-DATE OF BIRTH. about 1851
(Month) (Day) (Year)

7-AGE. 74 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer). 041

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Isaac Ebbs Jr.

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Ebbs Jr.

(Address) 1118 Parish alley

15- Filed DEC 14 1925 19?

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 10, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Dec. 14, 1925 (Address) 2802 Eutaw Pl.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death. yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL. Mt. Auburn DATE OF BURIAL. Dec. 14 1925

20-UNDERTAKER. Virginia A. Brooks ADDRESS 1463 N. Carey St

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04594 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04594

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH: REGISTERED NO.

CITY OF BALTIMORE: (No. 1712 Darley Ave. ST., 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Burns Overton

(a) RESIDENCE No. 1712 Darley Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 6 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May 19 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	18	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Overton

11 BIRTHPLACE OF FATHER (city or town) Frederick (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Edna Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md.

14 Informant Lucy A. Burns (Mother)

(Address) 1712 Darley Ave.

15 Filed DEC 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11 1925

17

I HEREBY CERTIFY, That I attended deceased from August 1924 to Dec 11th 1925.

that I last saw her alive on Dec 11th 1925

and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F E Coulton M. D.

12/11/1925 (Address) 3909 Gamson & Lock

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Melville M. E. Cemetery — Elkridge Md Via Auto

DATE OF BURIAL Dec 14 1925

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E-04595 Spec.—(10-2-M-'25)—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 04595

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Windsor Mill Rd St., 15-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Howell Gossage

(a) RESIDENCE NO. 1717 Windsor Mill Rd ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 1-1921.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	4	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER James T. Gossage

11 BIRTHPLACE OF FATHER (city or town) Easton (State or country) Md.

12 MAIDEN NAME OF MOTHER Josephine Twining

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant James T. Gossage.
(Address) 1717 Windsor Mill Rd

15 Filed DEC 14 1925 H. A. Lee Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1925, to Dec. 12, 1925, that I last saw him alive on Dec 11, 1925, and that death occurred, on the date stated above, at 5:50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted
If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Chester Ruland, M. D.

12-12-1925 (Address) 253 c Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Dec 15 1925

20 UNDERTAKER Butrum & Lee — ADDRESS 123 Kresge

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 04596 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04596

CERTIFICATE OF DEATH. 1925 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp. St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Edith Underwood

(Residence in Baltimore: No. 1021 Jenkins St. Ext. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Colored	widow

6-DATE OF BIRTH. Aug. 31 1881
(Month) (Day) (Year)

7-AGE. 44 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer). 0

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Erwin Smith

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Fannie Smith

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Underwood

(Address) 1021 Jenkins St.

15- Filed DEC 14 1925 19.. H. M. M. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 11, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st. & 2nd. degree burns of body. (accidental)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) clothing caught from coal stove

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Dec. 12 1925 (Address) 250 N. Monroe St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cemetery	Dec 14 1925
20-UNDERTAKER. Mrs James H. Dennis per T. A. Kelly	ADDRESS 1303 Pennsylvania Ave

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04597 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04597

CERTIFICATE OF DEATH. 6-2179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N. Chester ST., 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Nagel

(a) RESIDENCE NO. 226 N. Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Wm H. Nagel

6 DATE OF BIRTH (month, day, and year): Jan 22/70

7 AGE: Years 55 Months 10 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John Schaultzee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger

14 Informant: Wm H. Nagel

(Address): 226 N. Chester St

15 Filed DEC 14 1925 19 G H G Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/11 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1925 to Dec 11 1925.

that I last saw her alive on Dec 10 1925,

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis Kapbuti

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. M. Hurley M. D.

(Address) 938 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL 12/14 1925

20 UNDERTAKER: Otto J. Henry — ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04598 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04598

CERTIFICATE OF DEATH. -001

W 1-PLACE OF DEATH Women's Hosp. REGISTERED NO. 161

CITY OF BALTIMORE: (No. 8-3 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Knox

(a) RESIDENCE NO. 1506 N. Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-11-25

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ---

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Richard Knox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Charlotte Heis

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Charlotte Heis

(Address) 1506 N Port St

15 Filed DEC 14 1925 Hall Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11, 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-11, 1925, to 12-11, 1925,

that I last saw her alive on 12-11, 1925,

and that death occurred, on the date stated above, at 8:50 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Physical

(Signed) Sharman S. Jarrett, M. D.

, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

Bureau of Vital Statistics DEC 14 1925

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-02 04599

E 04599

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2047 Keyser ST., 8-2 WARD)

2-FULL NAME Joseph Carrington

(a) RESIDENCE No. 2047 Keyser ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lindsay.

6 DATE OF BIRTH (month, day, and year) about 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 30				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Scott (Address) 2501 Oak st

15 DEC 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/25 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1925, to Dec 11, 1925, that I last saw him alive on Dec 10, 1925, and that death occurred, on the date stated above, at 3A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. M. Hatcher, M. D.

12/14/1925 (Address) 1225 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Dec. 14 1925

20 UNDERTAKER Wm. A. Elliott

ADDRESS 1725 Ashland Ave

Spec.—1-10-21 M&T 1500 Blks.

E 04600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 04600

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Boone

(a) RESIDENCE NO. 1206 Whitelock ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	widowed

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65 Yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Cal Armstrong

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed DEC 14 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1925 to Dec. 12, 1925 that I last saw h alive on Dec 12, 1925 and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Rupture thru Carcinoma of stomach with peritonitis following (duration) yrs. mos. 10 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory & autopsy

(Signed) W. Lindsay Smith M. D.

12/13 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cemetery — DATE OF BURIAL 12/17/25

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1725 Ashland Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 04601

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 04601

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Barnes ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Snowden

(a) RESIDENCE NO. 1717 Barnes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Daniel Snowden.

6 DATE OF BIRTH (month, day, and year) Unknown 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Hanna Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hamilton Snowden

(Address) 1717 Barnes St

15 Filed DEC 14 1925 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/25 19

17

I HEREBY CERTIFY, That I attended deceased from December 7, 1925 to December 11, 1925.

that I last saw h[illegible] alive on December 11, 1925.

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchus Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchus Pneumonia

Nephritis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr W Kennard, M. D.

12-12-1925 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem. DATE OF BURIAL: 12/14/25

20 UNDERTAKER: Mark A. Elliott ADDRESS: 1725 Lakeland

TION is very important. See instructions on back of certificates.

Spec.- 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04602

E 04602

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Musa ST. 10-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara A. Hoffmann

(a) RESIDENCE NO. 709 Musa ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? Born yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divoreed, (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 21 - 1913.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	12	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John D. Hoffmann

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Florence C. Burkhardt

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant John D. Hoffmann (father) (Address) 709 Musa St.

15 Filed DEC 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1925, to Dec 12, 1925, that I last saw h.er alive on Dec 12, 1925, and that death occurred, on the date stated above, at 10 45 p.m.

The CAUSE OF DEATH* was as follows:

Rheumatic fever

about (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Pancarditis

about (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical exam.

(Signed) Alan C. Sutton M. D.

Dec 12 1925 (Address) Alan C. Sutton M.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Aecidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Dec. 15 1925

20 UNDERTAKER Henry Hoeck Son — ADDRESS 1201 E Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04603

CERTIFICATE OF DEATH.

101-001

E 04603

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., 5-4 WARD)

2-FULL NAME Mr. Nathaniel B. Stewart

(a) RESIDENCE NO. 3507 Fairview Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah L. B. Stewart

6 DATE OF BIRTH (month, day, and year) July 28, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 866

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER James L. Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Annie Keerle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Miss Grace L. Stewart

(Address) 3507 Fairview Ave Forest Park

15 Filed DEC 14 1925, 19 GKG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1925, to Dec. 12, 1925, that I last saw him alive on Dec 12, 1925, and that death occurred, on the date stated above, at 6.02 A m.

The CAUSE OF DEATH* was as follows:

Septicemia pneumococcus, following probable pneumonia (at home, 5 weeks ago)

(duration) approximately yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exams.

(Signed) Harry U P. Wilson, Jr M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Dec 15 1925

20 UNDERTAKER: George J. Smith — ADDRESS: 1532 Hollins St

Spec—12-23-21—E.B.R.S.—400 Blks.

E 04604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04604

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital 108

Registered No.

City of BALTIMORE: (No. 33rd + Calvert St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs anna m. meucken

(a) Residence No. 1524 Hollins St St., city Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr ?? meucken

6-DATE OF BIRTH (month, day and year): June 1858

7-AGE: 67 yrs. 6 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Charles abhau

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Eva B gegner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant) Henry L Meyken

(Address) 1524 Hollins St

15- Filed DEC 14 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 13, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 19 25 to Dec 13 19 25

that I last saw her alive on Dec 13 19 25

and that death occurred, on the date stated above, at 5-50 P m.

The CAUSE OF DEATH* was as follows:

Cellulitis of neck - Rt. (Ludwig's Angina)

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Dotaemia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? 15 + Hollins St

Did an operation precede death? yes Date of 12-12-25

Was there an autopsy? no

What test confirmed diagnosis? operation + culture

(Signed) R J Bellord M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec 16 1925

20-UNDERTAKER: George J Smith — ADDRESS 1532 Hollins St

In plain terms, so that it may be properly classified. Examine instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04605

CERTIFICATE OF DEATH.

161-001

E 04605

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 13-4 WARD)

2-FULL NAME Baby Hagerman

(a) RESIDENCE NO. 3300 Cedar ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 13/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Dr Robt Paul Hagerman

11 BIRTHPLACE OF FATHER (city or town) W. Va

(State or country)

12 MAIDEN NAME OF MOTHER Myrtle Bowers

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Hospital Records

(Address)

15 Filed DEC 14 1925 19 E H G Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1925, to Dec 13, 1925, that I last saw him alive on Dec 13, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

at 6 mos.

7 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H E Krug Jr M. D.

12/13, 1925 (Address) 1002 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL Dec 16 1925

20 UNDERTAKER Harry H. Weitzel

ADDRESS 1315 W Lanvale

CAUSE OF DEATH must be plainly written. Answer all questions.
TION is very important. See instructions on back of certificates.

See letter on file from Dr Beadles on Dec 22-1925

E 04606 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 188-05

E 04606

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Orville G. Otis E. Armstrong

(Residence in Baltimore: No. Lansdowne Md St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: February (Month) 17 (Day) 1901 (Year)

7-AGE: 24 yrs. 7 mos. 26 ds.

If LESS than 1 day: ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer): R R

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS:

10-NAME OF FATHER: James Armstrong

11-BIRTHPLACE OF FATHER, (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Georgia Turfield Georgia Fairfield

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Armstrong

(Address) 22 Clyde Ave Lansdowne

15-

Filed DEC 14 1925 19.. G.H.G. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 13 (Day) 25 (Year)

17- I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident -
Internal Hemorrhage,
Crushed by car R.R. Cars -

(Duration) ....yrs. ....mos. 15 ma ds.

CONTRIBUTORY (Secondary) Shock,

(Duration) ....yrs. ....mos. 15 Min ds.

(Signed) G. E. Beadles M. D. (Coroner)

Dec 13/25 (Address) 145 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: ~~Lorraine~~ London Park — DATE OF BURIAL: Dec 17 19 25

29-UNDERTAKER: George J. Smith — ADDRESS 153 L Hollins

REAR CAUSE OF DEATH in plain terms. Is cause of death, or mode of dying, is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04607. HEALTH DEPARTMENT—CITY OF BALTIMORE E 04607

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (St.) (Ward)

REGISTERED NO. 11-2 125

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Robert Lloyd.

(a) RESIDENCE NO. Whiteford Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Lloyd

6 DATE OF BIRTH (month, day, and year) Jan 16 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10 11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 080

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer

9 BIRTHPLACE (city or town) Delta Pa (State or country)

PARENTS

10 NAME OF FATHER Robert W Lloyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Mary Davis

13 BIRTHPLACE OF MOTHER (city or town) Wales (State or country)

14 Informant Brother (Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13/25

17

I HEREBY CERTIFY, That I attended deceased from 12/13/25, 19 , to 12/13/25, 19 , that I last saw him alive on Dec 13/25, 19 , and that death occurred, on the date stated above, at 9:50 p m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Shock and peritonitis 8 hrs

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 12/13/25

Was there an autopsy? no.

What test confirmed diagnosis? Operation, Clinical

(Signed) [illegible] M. D.

, 19 (Address) Maryland General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Delta Pa. DATE OF BURIAL 12-14 1925

20 UNDERTAKER E B Hale ADDRESS 115 E Main St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04608 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04608

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Madison ave ST., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Grandison

(a) RESIDENCE NO. 1820 Madison ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 28-1903

7 AGE: Years 22 | Months 1 month | Days 14 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housemaid

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Geo Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliza Chavers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lizzie Grandison

(Address) 1820 Madison ave

Filed DEC 14 1925 H. Ahl Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13-1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10-, 1925, to December 13, 1925, that I last saw her alive on December 12, 1925, and that death occurred, on the date stated above, at 4.55 A.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Lungs

Tuberculosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs (duration) yrs. 6 mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Necropsy —

(Signed) Dr. G. W. Kennard, M. D.

12-13-1925 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 12/15/25

20 UNDERTAKER: David Easton — ADDRESS 96 Pa ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04609 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04609

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2002 Brent ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Robbins

(a) RESIDENCE NO. 2002 Brent ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Milby Robbins

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Josephine Brown

(Address) 2002 Brent St

15 Filed DEC 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1925, to Dec 11, 1925, that I last saw her alive on Dec 10, 1925, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E William Frey M. D.

12/12, 1925 (Address) 1928 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	12/14/1925
20 UNDERTAKER	ADDRESS 916
Dan'l Easton	Pa ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04610 E 04610

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital. REGISTERED NO. 7-257

CITY OF BALTIMORE: (No. Caroline & Oliver ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary A. Rohe

(a) RESIDENCE NO. 934 N. Patterson Park ST., Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Rohe

6 DATE OF BIRTH (month, day, and year) Oct 25 - 1850

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Joseph. Vogel -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Mrs Kate Miller

(Address) 934 N. Patterson Park Ave.

15 Filed DEC 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1925, to Dec 12, 1925, that I last saw her alive on Dec 12, 1925, and that death occurred, on the date stated above, at 12:40 p m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) B. M. Rhodes, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Josephs Cemetery Delta Co.	Dec 15 1925
20 UNDERTAKER	ADDRESS
Frederick Lassahn Sons	Fullerton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04611 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04611

CERTIFICATE OF DEATH.

REGISTERED NO. 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 2801 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Garaud

(a) RESIDENCE NO. Mt Hope Retreat ST. 28 WARD Murfreesboro-Tenn.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 0 ds. How long in U. S., if of foreign birth? 33 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

6 DATE OF BIRTH (month, day, and year) About-1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Laconia N. H.

PARENTS

10 NAME OF FATHER Henry Geraud

11 BIRTHPLACE OF FATHER (city or town) (State or country) (?) Canada

12 MAIDEN NAME OF MOTHER Annie OConnor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) (?) Mass

14 Informant Records of Mt Hope Retreat
(Address) Mt Hope

15 Filed DEC 14 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13th 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1922, to Dec 13, 1925, that I last saw him alive on Dec 13, 1925, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Chr. Gastritis

(duration) 0 yrs. 2 mos 0 da.

CONTRIBUTORY (Secondary) Epilepsy for Many (duration) yrs. 0 mos. 0 da.

18 Where was disease contracted if not at place of death? Laconia Not Sanitarium

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

Dec 13, 1925 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chattanooga Tenn. DATE OF BURIAL Dec 14 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE

CAUSE OF DEATH in plain terms, so that it may be properly classified. Abbreviations are not permitted. EXAMINATION is very important. See instructions on back of certificates.

E 04612

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04612

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Eastern Ave & Lakewood Ave. St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wasowicz

(Residence in Baltimore: No. 2604 Foster Ave. St.; yrs. 34 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. June (Month) 23 (Day) 1867 (Year)

7-AGE.	If LESS than 1 day.
58 yrs. 5 mos. 19 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Joiner 015
(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co.

9-BIRTHPLACE, (State or Country): Poland

PARENTS.

10-NAME OF FATHER, Theodore Wasowicz

11-BIRTHPLACE OF FATHER, (State or Country): Poland

12-MAIDEN NAME OF MOTHER, Carolina Jackowska

13-BIRTHPLACE OF MOTHER, (State or Country): Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna Wasowicz

(Address) 2604 Foster ave

15- Filed 4 1925, 192.... Robert P. Harrison, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 12 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis Liver

Duration yrs. mos. ds.

(Signed) Geo. C. Blades M. D.

Dec 13 1925 (Coroner.) 143 N Bway (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary cem	Dec 16 1925

20-UNDERTAKER.	ADDRESS
John M Weber	1803 Bank

State CAUSE OF DEATH in plain words and is very important. See instructions on back of certificate.

E 04613

Karaluk

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04613

CERTIFICATE OF DEATH.

Registered No. C 168

1-PLACE OF DEATH

City of BALTIMORE: (No. 1418 E Pratt St. St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Karaluk Sr.

(Residence in Baltimore: No. 329 S-Bond. St.; 15 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. (Month) 1891 (Day) 1 (Year)

7-AGE. 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Dresser
(b) General nature of industry, business, or establishment in which employed (or employer). in Tailor shop

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Karluk

(Address) 329 S Bond St.

15-

Filed DEC 14 1925 192.

Robert P. Harrison, Registrar.

Burial Permit Clerk

State of Maryland. See instructions on back of certificate. is very important.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 12 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Hanging

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) yrs. mos. ds.

(Signed) G E Wades M. D. (Coroner)

Dec 13 1925 (Address) 143 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death. yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary cem. DATE OF BURIAL. Dec 14 1925

20-UNDERTAKER. John Madeber ADDRESS 1803 Bank

Cor.—1-12-23—M&T—100 Bks.

E 04614

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04614

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 1834 Rutland Ave ST., 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil Dippel

(a) RESIDENCE NO. 1834 Rutland Sve ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Louise Dippel

6 DATE OF BIRTH (month, day, and year) Dec 30/1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Muth Bros.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Clara Relleker (daughter) 1834 Rutland Ave

15 Filed DEC 14 1925, 192 Robert P. Harrison, Registrar

TION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency - Probably Myocardial

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Cullen, M. D. (Coroner.)

12-14-25 192 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Dec 16 1925

20 UNDERTAKER Henry Sander & Sons. Inc. — ADDRESS 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Bks.

E 04615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04615

CERTIFICATE OF DEATH.

44

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 1-2 WARD)

2-FULL NAME Frederick Mundt.

(a) RESIDENCE NO. 5265 Curley St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, ~~(write the word)~~ Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Mundt.

6 DATE OF BIRTH (month, day, and year) Jan. 24 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	10 11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machine Hand

(b) General nature of Industry, business, or establishment in which employed (or employer) Lumber Mill 086

(c) Name of employer Otto Duker & Co.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick W. Mundt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Justine Klaneschmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary E. Mundt.

(Address) 5265 Curley St.

15 Filed ..... 19 ..... Robert P. Harrison Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of conditions is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1925 to Dec 12, 1925, that I last saw him alive on Dec 12, 1925, and that death occurred, on the date stated above, at 7 30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Hepatic Ducts

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Expla. Jap. - for Carcinoma

Did an operation precede death? yes Date of 12-1-25

Was there an autopsy? no

What test confirmed diagnosis? Autopsy and Op.

(Signed) H. F. Barry and ....., M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Dec 15 1925

20 UNDERTAKER Henry Sangler & Sons, Inc.

ADDRESS 1710 Fleet St.

Burial Permit

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04616 E 04616

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 S. Madeira St. 1-1 Ward)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John George Birner

(a) RESIDENCE. No. 231 S. Madeira St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kunigunda Birner

6 DATE OF BIRTH (month, day, and year): Jan 5-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dye works

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John George Birner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth Pulsched

(Address): 231 S Madeira

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-12 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-11, 1925, to 12-12, 1925, that I last saw her alive on 12-11, 1925, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Brights Disease and Arteriosclerosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Albuminuria and

(Signed) William Timms, M. D.

12-13-25 (Address) 2017 E. 72

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery

DATE OF BURIAL: Dec. 16 1925

20 UNDERTAKER: Henry Sander & Sons. Inc.

ADDRESS: 1710 Fleet St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

C 14 1925

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

E 04617

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04617

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 N. Carlton ST., 18-1 WARD)

2-FULL NAME Mary E. Anderson

(a) RESIDENCE No. 509 N Carlton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of John C. Anderson

6 DATE OF BIRTH (month, day, and year) — — 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer — 041

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Nichols

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John C. Anderson
(Address) 509 N. Carlton St

15 Filed ..... 19.. Registrar Robert P. Harrison,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1925 to Dec 12, 1925.

that I last saw her alive on Dec 11, 1925.

and that death occurred, on the date stated above, at 1:15 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Daniels M. D.

Dec 14 1925 (Address) 419 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Dec 15 1925

20 UNDERTAKER Katie R. Hellemann

ADDRESS 322 N. Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

14 1925

Burial Permit Clerk

Spec.-1-10-21-M&T-1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04618

E 04618

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Bond Alley ST., 19-1 WARD)

2-FULL NAME Cecelia E. Collins

(a) RESIDENCE NO. 1401 Bond Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Earl Collins

6 DATE OF BIRTH (month, day, and year) Sept. 23, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	2	20	

8 OCCUPATION OF DEACEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mary E. Nelson

(Address) 1401 Bond Alley

15 Filed 1 4 1925, 19 Registrar

Burial Permit Cleared

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 12 1925 to Dec 13 1925

that I last saw her alive on Dec 13, 1925

and that death occurred, on the date stated above, at 2. P. m.

The CAUSE OF DEATH* was as follows:

Pthisis Pulmonalis

(duration) Indef mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? W. F. Howell M. D.

(Signed)

12/14 1925 (Address) 114 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 12/16/25

20 UNDERTAKER Mrs. Geo. H. Rodland

ADDRESS 1631 Division Ave

CAUSE OF DEATH in plain terms, so that it may be properly Classified. TION is very important. See instructions on back of certificate.

Spec.--1-10-21--M&T--1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04619

E 04619

CERTIFICATE OF DEATH.

101-00

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital ST., 4-3 WARD)

2-FULL NAME Rufus Johnson

(a) RESIDENCE NO. Institute W. Va. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE Colored. | 5 Single, Married, Widowed, ~~or Divorced~~, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Nov. 19, 1875

7 AGE Years 50 | Months 0 | Days 22 | If LESS than 1 day, hrs. ..... or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer .....

9 BIRTHPLACE (city or town) Virginia (State or country)

PARENTS

10 NAME OF FATHER Wesley Johnson

11 BIRTHPLACE OF FATHER (city or town) Virginia (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Stern

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)

14 Informant Robert Johnson Brother (Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 14 1925, 19 ..... Robert F. Morrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-11- 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-8- , 1925, to 12-11- , 1925, that I last saw him alive on 12-11- , 1925, and that death occurred, on the date stated above, at 1 10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) H. Bogard M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL .....

DATE OF BURIAL DEC 14 1925

20 UNDERTAKER .....

ADDRESS Commissioner Health

CAUSE OF DEATH in plain terms, so that it may be properly classified. Information is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04620

CERTIFICATE OF DEATH.

10 1901

E 04620

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3710 (ST.) Hickory Ave (WARD) 43-4

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William G. Mather

(a) RESIDENCE NO. 3710 (ST.) Hickory Ave (WARD) .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. ~~1~~ mos. ~~13~~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Frances Mather

6 DATE OF BIRTH (month, day, and year) Oct. 29-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Core Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Flynn & Emerick

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

PARENTS

10 NAME OF FATHER Hilldin Mather

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ellen Cubliff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Charles G. Mather
(Address) 3710 Hickory Ave.

15 Filed ..... 19 ..... Robert E. Patrick, Registrar
Burial Permit Clerk

C 14 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1925, to Dec 12, 1925, that I last saw h[illegible]live on Dec 12, 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? //

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Daniel C. Slagle M. D.

Dec 21 1925 (Address) 3640 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Dec 15 1925

20 UNDERTAKER Horace H. Burgee ADDRESS 3631 Falls Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04621

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04621

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 Canal ST. 11-2 WARD)

2-FULL NAME Lucy Thompson

(a) RESIDENCE NO. 339 Canal ST., WARD (If non-resident give city or town and State) Lacrosse Va

(Usual place of abode)

Length of residence in city or town where death occurred yrs. / mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CONDITIONS. TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	Colord	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 26 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Dick Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md Lewis

12 MAIDEN NAME OF MOTHER Dol Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Shepen

(Address) 339 Canal St

15 DEC 14 1925, Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1925, to Dec 13, 1925,

that I last saw her alive on Dec 13, 1925

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Robt E. Traynor, M. D.

Dec 14, 1925 (Address) 1076 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lacrosse Va

DATE OF BURIAL 12/15/1925

20 UNDERTAKER David Easton

ADDRESS 916 Fremont

Spec.—1-10-21—M&T—1500 Bks.

E 04622

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04622

91-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1006 N. Fulton Ave (St.) 16-6 (Ward)

2-FULL NAME Annie M. E. D. Harvey

(a) RESIDENCE NO. 1006 N. Fulton Ave St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 92 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Harvey

6 DATE OF BIRTH (month, day, and year) Apr 6, 1833

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	92	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Diggs

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Rebecca Diggs

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Mrs. J. Edward Harvey

(Address) 1006 N. Fulton Ave

Filed DEC 14 1925 , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1925, to Dec 13, 1925, that I last saw h alive on Dec 12, 1925, and that death occurred, on the date stated above, at 6.15 a.m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Atypical Ep

(Signed) J. M. Lenhoff, M. D.

12/14 1926 (Address) 826 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem.

DATE OF BURIAL Dec 15 1925

20 UNDERTAKER Wm Tuckner & Sons

ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly coded. See instructions on back of certificates.

BURIAL PERMIT CLERK

Spec.—1-10-21—M&T—1500 Bks.

E 04623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04623

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 Rosleyn St., Apt 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amy Elizabeth Coor

(a) RESIDENCE NO. 2303 Rosleyn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 91 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A Coor

6 DATE OF BIRTH (month, day, and year) Nov 11 1834

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Jno Coor

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Rhoda Sims

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Jno B Robertson (Address) 2303 Rosleyn

15 Filed ... 1925 ... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1921 to Dec 13 1925 that I last saw h alive on Dec 13 1925 and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Senility — Gangrene of toes — arteriosclerosis — Myocarditis —

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) Walter Hubbert, M. D.

Dec-14-25 19 (Address) 2320 Harrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Dec 15 1925

20 UNDERTAKER H J Eschenburg Sons — ADDRESS Monroe

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04624 E/04624

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2929 E. Balto. ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Danaher.

(a) RESIDENCE NO. 2929 E. Balto. ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Daniel Danaher.

6 DATE OF BIRTH (month, day, and year) Dec. 17th 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	26 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Jeremiah Quinn

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Lynch

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Josephine T. Danaher (Daughter)
(Address) 2929 E. Balto. St.

15 Filed Dec 14 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Dec 13, 1925, that I last saw h[illegible] alive on Dec 12, 1925, and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. Gradual mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) yrs. Gradual mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace J. Tilghman, M. D.

12/14, 1925 (Address) 3N. S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Dec 18th 1925

20 UNDERTAKER Lilly + Geiler — ADDRESS Has & Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04625

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04625

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3028 Mc Elderry. ST., 73 WARD)

2-FULL NAME Martin Fleischman.

(a) RESIDENCE NO. 3028 Mc Elderry. ST., 7 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 10 mos. ds. How long in U. S., if of foreign birth? 77 yrs. 10 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Margaret Fleischman

6 DATE OF BIRTH (month, day, and year) Jan 30 1848

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	10 11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 062

(c) Name of employer

9 BIRTHPLACE (city or town) Born at sea on (State or country) Atlantic Ocean.

PARENTS

10 NAME OF FATHER Philipp Fleischman

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Dont Know.

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs Carrie Bates daughter
(Address) 3028 Mc Elderry St.

15 Filed ....., 19 25 Robert P. Lyons, Registrar

C 14 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 7 1925, to Dec 12 1925, that I last saw h alive on Dec 12 1925, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Chas E Fellows M. D.

Dec 14, 1925 (Address) 908 Valentine

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — DATE OF BURIAL Dec 15 1925

20 UNDERTAKER Lilly-Geier — ADDRESS 402 S. Monroe

CAUSE OF DEATH to plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04626

E 04626

CERTIFICATE OF DEATH.

57

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N. Glover ST., 6 WARD) 6-3

2-FULL NAME Mary Cecelia Thompson.

(a) RESIDENCE NO. 228 N. Glover ST., 6 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leander J. Thompson

6 DATE OF BIRTH (month, day, and year) March 20th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	52	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer) Home 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER John Tierney.

11 BIRTHPLACE OF FATHER (city or town) Ireland. (State or country)

12 MAIDEN NAME OF MOTHER Bridget Miller

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Leander J. Thompson (Address) 228 N. Glover St.

15 DEC 14 1925, 19 Robert P. Carlson, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12th 1925

17 I HEREBY CERTIFY, That I attended deceased from November 17, 1925, to December 12, 1925, that I last saw her alive on December 12, 1925, and that death occurred, on the date stated above, at 5 50 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
Chronic Arterial Hypertension
Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency
Pulmonary Edema ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. E. Geyer, M. D.

, 19 (Address) # 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL Dec 16 1925

20 UNDERTAKER Lilly & Sons

ADDRESS 700 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that no other cause may be properly substituted. TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 04627

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04627

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 871 Boyd St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Fannie Sprow

(a) Residence No. 871 Boyd St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) June 15 1911

7-AGE. 14 yrs. 5 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Butler Md

PARENTS.

10-NAME OF FATHER Samuel Sprow

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bluefields W. Indies

12-MAIDEN NAME OF MOTHER, Georgeann Wells

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), West River Md

14- (Informant) Samuel Strow

(Address) 871 Boyd st.

15- Filed DEC 14 1925 19 Robert F. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12/11/25

17- I HEREBY CERTIFY, That I attended deceased from 12/7 1925 to 12/11 1925

that I last saw her alive on 12/11 1925

and that death occurred, on the date stated above, at 10.30 p.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

12/12, 1925 (Signed) H S McCard M. D.

(Address) 2005 Druid Hill Ave

*State the **Disease Causing Death**, or In deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Dec 14 1925

20-UNDERTAKER. Geo A Hooper — ADDRESS 406 N Carey St

In printing, observe instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 04628

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04628

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. Homewood Hospital ST. 13-2 WARD)

REGISTERED NO. 1883

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis N. Powell

(a) RESIDENCE NO. 4156 Falls Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Maggie M. Powell

6 DATE OF BIRTH (month, day, and year) May 23, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Elevator Operator
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Medow Mill 806

9 BIRTHPLACE (city or town) Culpeper Va
(State or country)

PARENTS

10 NAME OF FATHER Wm H Powell

11 BIRTHPLACE OF FATHER (City or town) Culpeper Va
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Donavon

13 BIRTHPLACE OF MOTHER (City or town) Culpeper Va
(State or country)

14 Informant Maggie M Powell
(Address) 4156 Falls Road

15 Filed DEC 14 1925, 191 Robert P. Harrison, Registrar

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows:

Apoplexy Coma
L. Hemip

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J Morrison M. D.
(Coroner)

Dec 14, 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudan Park	Dec 15 1925
20 UNDERTAKER	ADDRESS
A S Marshall	3539 Falls Rd

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04629

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04629

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 49

City of BALTIMORE: (No. 411 Cold Spring Lane St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John W. Carter

(a) Residence No. 411 Cold Spring Lane St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Angie Carter

6-DATE OF BIRTH (month, day and year) July 20-1853

7-AGE 72 yrs. 4 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Landscaping

(c) Name of employer. Roland Park Co.

9-BIRTHPLACE (city or town) (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John Carter

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, — Stevenson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Mr. Carter

(Address) 411 Cold Spring Lane

15- Filed C 14 1925, 19? Robert P. Harrison, Registrar.

Burial Permit Given

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 12-1925

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1919, to Dec. 12, 1925, that I last saw h— alive on Dec. 12, 1925, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Neck Left Side

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gen. Carcinomata

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Harris, M. D.

12-18, 1925 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL, St Mary's Govans DATE OF BURIAL, Dec 15, 1925

20-UNDERTAKER, A S Marshall ADDRESS 3539 Falls Road

E 04630

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04630

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Union Memorial Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan F Price

(Residence in Baltimore: No. Timonium Balto Co Md St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 14 (Day), 1864 (Year)

7-AGE, 61 yrs. 11 mos. ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Public School

9-BIRTHPLACE, (State or Country), Balto Co.

PARENTS.

10-NAME OF FATHER, William Price

11-BIRTHPLACE OF FATHER (State or Country), Balto Co.

12-MAIDEN NAME OF MOTHER, Elizabeth Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W A Price

(Address) Timonium Md

15- Robert F. Harrison.

Filed ....., 191.... Registrar.

Burial Permit Cl

C 14 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 13 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

Duration ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

Dec 14 1925 (Address) 3 E Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Prospect Hill Wm DATE OF BURIAL, Dec 16 1925

20-UNDERTAKER W C Burke ADDRESS Sparks Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 04631

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 04631

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 W. Mulberry St. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Oates

(a) RESIDENCE NO. 513 W. Mulberry ST., 17 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 4 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER George Oates

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Susan Kenny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Margaret Frankes (Address) 513 West Mulberry St

15 Filed Dec 14, 1925 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1925 to Dec 13, 1925, that I last saw h[illegible] alive on 9 P.M., 1925, and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH* was as follows:

Heart failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 424 NO. GREENE ST.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Dec 16 1925
20 UNDERTAKER F. A. Wauser Son.	ADDRESS 703 Hanover

TION is very important. See instructions on back of certificate.

E 04632 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04632

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. Foot Clinton St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Thomas.

(Residence in Baltimore: No. 29 S Dallas. St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Rida Thomas

13-BIRTHPLACE OF MOTHER, (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jamie Thomas

(Address) 29 S Dallas st

15-

Filed DEC 15 1925 G P G Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 11 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) G. E. Hadry M. D. (Coroner)

Dec 12 25 192.. (Address) 1423 N 7 Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel DATE OF BURIAL, Dec 15 1925

20-UNDERTAKER, John W Hendrix ADDRESS 1502 E Monument st

is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04633 — 74-001 — E 04633

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Nurs Hosp. St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... William Mulligan

(Residence in Baltimore: No. Not Known St.; yrs.....mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: W.

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Aug. (Month) 15 (Day) 1871 (Year)

7-AGE: 54 yrs. 3 mos. 26 ds. — If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm Hand
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Patrick Mulligan

11-BIRTHPLACE OF FATHER, (State or Country): ~~Patrick Mulligan~~ West Virginia

12-MAIDEN NAME OF MOTHER: Mary Brown

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. E. Bull

(Address) 1716 Argyle St

Filed DEC 15 1925 192.. Ham Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 11 (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) H. C. Blades M. D. (Coroner.)

Dec 14th 192.. (Address) 4361 Gray

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: Dec 15 1925

20-UNDERTAKER: Wilson Cook — ADDRESS 532 E North Ave.

is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

04634

HEALTH DEPARTMENT—CITY OF BALTIMORE

04634

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 Eastern Ave. 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Wojcik

(a) RESIDENCE NO. 1934 Eastern Av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Wojcik

6 DATE OF BIRTH (month, day, and year) Dec 8 187[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Gaironska (Address) 1934 Eastern av.

15 Filed DEC 15 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 19 25

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 19 25, to Dec 14 25

that I last saw her alive on Dec 14, 19 25,

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Ryan M. D.

Dec 14 19 25 (Address) 80 John Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Dec 16 19 25

20 UNDERTAKER F. W. Ozazewski — ADDRESS 1983 Eastern Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 04635 HEALTH DEPARTMENT—CITY OF BALTIMORE 74001 E 04635

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3164 Wilkins ave ST. 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta J. Munson

(a) RESIDENCE NO. 3164 Wilkins ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Munson

6 DATE OF BIRTH (month, day, and year) Oct 3rd 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2 10	10 0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Capt. George Tyler.

11 BIRTHPLACE OF FATHER (city or town) Cambridge (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Ross

13 BIRTHPLACE OF MOTHER (city or town) Cambridge (State or country) Maryland

14 Informant Robert Brooks (Address) 17 S. Calhoun St

15 Filed DEC 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1925, to Dec 13, 1925, that I last saw h[illegible] alive on Dec 13, 1925, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Hayes Forsythe, M. D.

12/14 1925 (Address) 424 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL 12/16 1925

20 UNDERTAKER Robert Brooks & Son — ADDRESS Calhoun & Hollins

ROBERT BROOKS & SON FUNERAL DIRECTORS & EMBALMERS

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 04636

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04636

101-001 852

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2414 Buchanan ST., 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca C. Johnson

(a) RESIDENCE NO. 2414 Buchanan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem'l

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Johnson

6 DATE OF BIRTH (month, day, and year) Nov 2 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	73	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of Industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Leinhardt

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Nelson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Thomas Johnson

(Address) 2414 Buchanan st

15 Filed DEC 15 1925 H. Law Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Dec 13, 1925, that I last saw h alive on Dec 13, 1925, and that death occurred, on the date stated above, at 9.25 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald S. Tonn, M. D.

, 19 (Address) 4142 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Dec 15th 1925

20 UNDERTAKER Thomas E. Wright

ADDRESS 964 Mary

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04637

CERTIFICATE OF DEATH.

90 E 04637

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 235 N. Gay ST., 4-3 WARD)

2-FULL NAME Dr. Eugene A. Thomas

(a) RESIDENCE No. 235 N. Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): ~~Divorced~~ 17

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 20/57

7 AGE: Years 68 Months 8 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician 054

(b) General nature of industry, business, or establishment in which employed (or employer): Own Specialty

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Canada

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary LaBeau

(Address) 235 N. Gay St

15 Filed DEC 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12 1925

I HEREBY CERTIFY, That I attended deceased from 11-15 1925 to 12-12 1925

that I last saw h alive on 12-11 1925

and that death occurred, on the date stated above, at 11:45 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Rheumatic)

(duration) yrs. mo. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Runcie M. D.

19 (Address) Room 211 Oak H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk

DATE OF BURIAL: 12/16 1925

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans

CAUSE OF DEATH must be given, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 04638 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04638

49

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 N. Payson ST 15-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Malew

(a) RESIDENCE NO. 1520 N. Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Max Malew

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER William Sophes

11 BIRTHPLACE OF FATHER (city or town) (State or country) R.

12 MAIDEN NAME OF MOTHER Frieda -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Max Malew

(Address) 1520 N. Payson

Filed DEC 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15-1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 1925, to Dec. 15, 1925,

that I last saw h[illegible] alive on Dec. 15, 1925,

and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of Left Lung

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + X ray

(Signed) R. T. Michelsen, M. D.

Dec 15 1925 (Address) 2230 Eastern Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehren Rondale — DATE OF BURIAL 12/15 1925

20 UNDERTAKER Jack Lewis 1439 — ADDRESS Eutaw St

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 04639

E 04639 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 159-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 Guilford ave ST. 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Jean Barnett

(a) RESIDENCE NO. 3221 Guilford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 13 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Davenport Ia

PARENTS

10 NAME OF FATHER Stanley M. Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky

12 MAIDEN NAME OF MOTHER Gladys Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Desire Ok

14 Informant S. M. Barnett

(Address) 3221 Guilford ave

15 Filed DEC 15 1925 M. A. W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 1925.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1925, to Dec. 14, 1925, that I last saw her alive on Dec. 14, 1925, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Spina-bifida (Hydromyelocele)

(duration) yrs. 4 mos da.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy (partial)

(Signed) M. Alpers, M. D.

, 19 (Address) 2350 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cem — DATE OF BURIAL 12/16 1925

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balto St

TION IS very important. See instructions on back of this form.

Spec.—1-10-21—M&T—1500 Blks.

E 04640 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04640

CERTIFICATE OF DEATH. X 1230

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Goodman

(a) RESIDENCE NO. Snowhill Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. 18 ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Goodman

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant 25

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Simon Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Markowitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital (Address)

15 Filed DEC 15 1925 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 27, 1925, to Dec 14, 1925,

that I last saw h. alive on Dec. 14, 1925,

and that death occurred, on the date stated above, at 3:11 P. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis & cholelithiasis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) C Secondary, Anuria Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/10/25

Was there an autopsy? No Removal of Gall Stone & Drainage of Gall Bladder

What test confirmed diagnosis?

(Signed) Philip Jackson M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rest Rem DATE OF BURIAL 12/15 1925

20 UNDERTAKER Joseph Lewis ADDRESS 1434 Eutaw

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 04641 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04641

101-01

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S. Sharp St. ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Calely.

(a) RESIDENCE NO. 512 S. Sharp St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Do not know

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report.
(Address) Southern District

DEC 15 1925 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner)

Dec 15, 1925 (Address) 1017 E. Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lancaster Pa. Via Amer Ry Express	Dec 15 1925
20 UNDERTAKER John H. Denny	ADDRESS 715 Light

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04642 100 E 04642

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST. 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Lowenstein

(a) RESIDENCE NO. 18 E. York St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Lowenstein

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital (Address)

15 Filed DEC 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1925, to Dec 14th, 1925, that I last saw h alive on Dec 14th, 1925, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) senility - Chr. Gall Bladder Dis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Examination

(Signed) Wm Boyd, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shula Pa — DATE OF BURIAL 12/15 1925

20 UNDERTAKER Jack Levin — ADDRESS 1439 E Balto St

CAUTION is very important. See instructions on back of certificates.

E 04643

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04643

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No. C 136

City of BALTIMORE: (No. 2129 Bolton St.; St.; Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Goldie Hancharsky

(Residence in Baltimore: No. 2129 Bolton St.; St.; 17 yrs.; mos.; ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Unknown (Month) (Day) 1853 (Year)

7-AGE. 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). 037

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Wolf Hancharsky

(Address) 2129 Boston St.

15-

Filed DEC 15 1925, 192

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 15 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary disease

J Heard

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John J Morrison M. D. (Coroner.)

Dec 15 1925 (Address) 553 N Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death. yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Rosedale	12/15 1925
20-UNDERTAKER.	ADDRESS
Jack Levin	1439 E Balt St

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 04644

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04644

CERTIFICATE OF DEATH.

X 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospt ST. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Duane.

(a) RESIDENCE No. 900 Main St. Asbury Park. N. J. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wife.

6 DATE OF BIRTH (month, day, and year) Aug 24 - 1889.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	36	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife. 37

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey.

PARENTS

10 NAME OF FATHER Alonzo Bailey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Jane Woosley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14

Informant S. M. Mason

(Address) 527 N. Charles St. Balto

Filed DEC 15 1925 H. Ames Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1925.

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Dec 15, 1925,

that I last saw h.. alive on Dec 15, 1925,

and that death occurred, on the date stated above, at 9 00 a.m.

The CAUSE OF DEATH* was as follows:

Post Operative myocardial insufficiency.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Carcinoma of Large Intestine

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Dec 8-25.

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) James Nelson, M. D.

, 19 (Address) 1213 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Point Pleasant N J

DATE OF BURIAL Dec 15 1925

20 UNDERTAKER John B. Spence

ADDRESS 1325 N Caroline St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04645

CERTIFICATE OF DEATH.

74-04

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1261 Battery Ave. ST. 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Ellis Marshall

(a) RESIDENCE NO. 1261 Battery Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Marshall

6 DATE OF BIRTH (month, day, and year) Feb. 27 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 086

(b) General nature of industry, business, or establishment in which employed (or employer) Tobacco Cutter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Margaret Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Annie M. Marshall

(Address) 1261 Battery Av.

15 Dec 15 1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925 to Dec 14, 1925

that I last saw h[illegible] alive on Dec 14, 1925

and that death occurred, on the date stated above, at 8.40 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Cirhosis Liver

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

Dec 20 1925 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sunbury Pa. Via Penn RR

DATE OF BURIAL Dec 16 1925

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04646

100-001

E 04646

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2015 Keyser ST. 8-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Lewis

(a) RESIDENCE No. 2015 Keyser ST ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 11 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER David Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northern Alabama

12 MAIDEN NAME OF MOTHER Rollie Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Grant Elm Va

14 Informant David Lewis

(Address) 2015 Keyser ST

15 Dec 15 1925, 19

Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9" 1925

17 I HEREBY CERTIFY, That I attended deceased from — , 19— , to — , 19— ,

that I last saw h— alive on , 19 ,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Asthma

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilham F. Hyde M.D.

12/9/25 (Address) 1407 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — HOSPITALS

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Dec 15 1925

Commissioner Health.

Per. Wm. E. Kemp

DEC 15 19

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04647

E 04647

CERTIFICATE OF DEATH.

129

REGISTERED NO. 5-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITAL St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Brown

(a) RESIDENCE NO. 239 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER George Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records

(Address)

15 [illegible] 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1925 to Dec. 13, 1925.

that I last saw him alive on Dec. 13, 1925;

and that death occurred, on the date stated above, at 1115 a m.

The CAUSE OF DEATH* was as follows:

Chronic Hepatitis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Epistaxis (terminal)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

12/14 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Dec 15 1925

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04648 E 04648

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals, Registered No. 76-790

City of BALTIMORE: (No. Bay View Asylum. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... George Singleton,

(a) Residence No.... Inmate, Baltimore City Hospitals. St. ... Ward.....
(Usual place of abode) Unknown. (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, White,

5-Single, ~~Married~~ ~~Widowed~~ or ~~Divorced~~, (Write the word.) Single.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1855.

7-AGE. 70 ...yrs. ...mos. ...ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town)... New York State.
(State or Country),

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (city or town)... Unknown.
(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown.

13-BIRTHPLACE OF MOTHER (city or town)... Unknown.
(State or Country),

11- (Informant)... Hospital Records,
(Address)... Balto. City Hospitals.

15- Filed ... 192... Robert P. Harrison, Registrar.

5 1925 Chief Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-11-25

17- I HEREBY CERTIFY, That I attended deceased from 11-27 ... 1925 to 12-11- ... 1925.

that I last saw him alive on 12-11-25. ... 19...

and that death occurred, on the date stated above, at 3:45 ...m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis, duration unknown.

Chronic Benign Prostatic Hypertrophy, duration 4 yrs.

Acute urinary retention, 24 hrs.
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia, Broncho.
(Duration) ...yrs. ...mos. 1 ...ds.

18-Where was disease contracted if not at place of death?...

Did an operation precede death? Yes. Date of 11-28-25
Was there an autopsy? No.

What test confirmed diagnosis? Clinical and Lab. test

(Signed) E. A. P. Champe Jr. M. D.

, 19 (Address) Baltimore City Hospitals.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. HOPKINS HOSPITAL

DATE OF BURIAL. ..... 19....

20-UNDERTAKER.

ADDRESS

DEC 15 1925

...s. ...Health.

instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E/4613 E 04649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 04649

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 141 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Columbus Garon

(a) RESIDENCE No. 2003 Dunmore St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1857

7 AGE: Years 68 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Marcellus Garon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emily Gatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Ricardo

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed 15 1925, 19 Robert P. Harris Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1925, to Dec 13, 1925, that I last saw h alive on Dec 13, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Nov 22-25

Was there an autopsy? Yes.

What test confirmed diagnosis? Microscopic Section

(Signed) Robert Wm Osbey M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Dec 16 1925

20 UNDERTAKER: Josiah Syffer

ADDRESS: 1600 W. Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 04650 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04650

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 960 N Collington Ave. WARD 7-2)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Calder

(a) RESIDENCE NO. 960 N. Collington Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Calder

6 DATE OF BIRTH (month, day, and year): April 3 1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: David Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Louis Calder

(Address): 960 N Collington Ave

15 Filed Dec 15 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 12 1925

17 I HEREBY CERTIFY, That I attended deceased from December, 1924, to December 12, 1925, that I last saw her alive on December 12, 1925 and that death occurred, on the date stated above, at 11:10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

Dec 14, 1925 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: Dec 16 1925

20 UNDERTAKER: Geo M. Frank & Son — ADDRESS: 811 N Wolfe

THIS IS VERY IMPORTANT

Spec.—1-10-21—M&T—1500 Bks.

E 04651

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04651

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST., 12-3 WARD)

2-FULL NAME Dr. Samuel M. Byers

(a) RESIDENCE NO. 2707 St. Paul ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isidora Byers

6 DATE OF BIRTH (month, day, and year) 1862 Dec. 30

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	15 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer) 055

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Isidora K. Byers (Address) 2707 St Paul St

15 Filed ..... 19 ..... Registrar

1 5 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1925, to Dec 15, 1925, that I last saw h[er] alive on Dec 15, 1925, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis

Cholelithiasis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Cholelithiasis Hospital

Did an operation precede death? Yes, Date of 12-9-25

Was there an autopsy? Diagnosis Confirmed by Surgical Findings

What test confirmed diagnosis? Clinical

(Signed) Louis Antopol, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Dec 17 1925

20 UNDERTAKER John O. Littlefield ADDRESS 1201 W. Fayette St.

CHANGE OF ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04652

CERTIFICATE OF DEATH.

173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. 1673 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret E Bowler

(a) RESIDENCE NO. 2814 Riggs Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of John Bowler

6 DATE OF BIRTH (month, day, and year) May 6, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. md

PARENTS

10 NAME OF FATHER Robert C Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Laura Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Patient
(Address)

15 12 15 1925, 19 Robert F. Carr
Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/25

17

I HEREBY CERTIFY, That I attended deceased from 12/7/25, 19 to 12/14/25, 19

that I last saw her alive on 12/14/25, 19

and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis with hydrops & gall bladder, also (Cancer) Cholelithiasis (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia and acute nephritis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 12/10/25

Was there an autopsy? Yes

What test confirmed diagnosis? Gentin & Clinical

(Signed) A Abrams, M. D.

19 (Address) Maryland General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cem

DATE OF BURIAL: Dec 17 1925

20 UNDERTAKER: Jos Joerdens Son

ADDRESS: 2179 Bo...

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04653 — CERTIFICATE OF DEATH. X 100 — E 04653

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 N. Fremont St. 17-L Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benj. Giles

(a) RESIDENCE NO. 821 N. Fremont St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Appx	51			

8 OCCUPATION OF DEACESED

(a) Trade, profession or particulat kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Peter Giles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Lennie Fraley
(Address) 12 E. 20th St.

15 Filed ....., 19 Robert P. Harrison, Registrar

15 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-13-1925

17 I HEREBY CERTIFY, That I attended deceased from 12-1-1925, to 12-13-1925.

that I last saw him alive on 12-13-1925,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Cold & Bronchitis

(duration) ..... yrs. ..... mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Medical Test

(Signed) J. H. Walters M. D.

, 19 (Address) 871 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Belair Md. — DATE OF BURIAL 12/16/25

20 UNDERTAKER Mrs. R. G. Elliott — ADDRESS 1725 Ashland Ave

TION is very imprtant. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04654 E 04654

CERTIFICATE OF DEATH.

REGISTERED NO. 5-2 12-60

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 N Eden St ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Jacob Jenkins

(a) RESIDENCE NO. 433 N Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 12 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	3 4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto Maryland (State or country)

PARENTS

10 NAME OF FATHER Chas Jenkins

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Jane Bishop

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Jane Bishop (Address) 433 N Eden St

15 Filed ....., 19..... Registrar

Burial Permit Clerk

1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept ....., 1925, to Dec 12, 1925, that I last saw him alive on Dec 12, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) ..... yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis & Chronic Myocarditis (Duration) ..... yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? — (Over)

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

12/14 1925 (Address) 142 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel cemetery	Dec 16 1925
20 UNDERTAKER	ADDRESS
Milton Davis 316	N. Eden St

'TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04655 E 04655

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 214 Patapsco St., Westport. 25-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy C. Huber

(a) RESIDENCE. NO. 214 Patapsco St., Westport. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): March 3, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	12 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Edward Huber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Emma Craft

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant: Edward Huber
(Address): 214 Patpasco St. Westport

15 Filed ..., 19 ... Registrar

15 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1925, to Dec 15, 1925, that I last saw her alive on Dec 14, 1925, and that death occurred, on the date stated above, at 6. 10 A.M.

The CAUSE OF DEATH* was as follows:

Laryngeal diphtheria

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Intubation Date of Dec 10/25

Was there an autopsy? no

What test confirmed diagnosis? Lab

(Signed) M. L. Siegler, M. D.

12/15 1925 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Dec 16 1925
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	320 Md. Ave Westport.

TION is very important. See instructions on back of certificate.

E 04656

HEALTH DEPARTMENT—CITY OF BALTIMORE

185

E 04656

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 119 S Durham St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Francis Gaff.

(Residence in Baltimore: No. 119 S Durham St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, July 20 1925
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 24 ds. 18 — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John L. Gaff

11-BIRTHPLACE OF FATHER, (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Mary Smith

13-BIRTHPLACE OF MOTHER, (State or Country), Lancaster County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Gaff

(Address) 119 S. Durham St.

15-

Filed DEC 15 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions
Probably due to fall 3 weeks ago.
(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Contusion
(Duration) ...yrs. ...mos. ...ds.

(Signed) J. C. Wades M. D.
(Coroner)

Dec 14 1925 (Address) 143 N Bond

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Dec 16 1925
20-UNDERTAKER,	ADDRESS
Kendall & Lippincott	37 S Conkling St

If very important, see instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04657

100 E 04657

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Presby. Eye, Ear + Throat Hosp. 1017 E Balto. St. St.; 1-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Kelly.

(Residence in Baltimore: No. 707 S. Linwood Ave. St.; 24 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 18 (Day), 1879 (Year)

7-AGE, 36 yrs. ..... mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale grocery Store

9-BIRTHPLACE, (State or Country) Warsaw, Poland

PARENTS.

10-NAME OF FATHER, Jos Kazmierski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Ant Kwom

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Martha

(Address) 637 S. Kenwood

15-

Filed ....., 191... Registrar.

DEC 15 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 15 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1925, to Dec 15 1925, that I saw h[im] alive on Dec 15, 1925, and that death occurred, on the date stated above, at 3.25 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute frontal + ethmoidal Sinusitis, with orbital cellulitis

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) E. W. Sickel M. D.

....., 191... (Address) Presby. Eye Ear + Throat Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 24 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 707 S. Linwood Ave.

19-PLACE OF BURIAL, OR REMOVAL. Holy Rosary — DATE OF BURIAL. Dec. 18, 1925

20-UNDERTAKER Kendall & Zepp[elin] Hon — ADDRESS 37 & Canal

Cor.—1-12-23—M&T—100 Blks.

E 04658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 E 04658

1-PLACE OF DEATH

REGISTERED NO. 22-2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. SoutheBaltimore General Hospital ST. WARD)

2-FULL NAME William Gattis.(C)

(a) RESIDENCE NO. 703 Y Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. --- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married

5a If married, HUSBAND of Alice Gattis.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) 01
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Gattis.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Belle ------(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Alice Gattis.(C)wife
(Address) 703 Y Alley.

15 Filed DEC 16 1925 192 ROBERT R. KRAMER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 12.1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia, due to exposure
Accidental fall from pier #8 Light st. wharf. Dec. 11, 1925
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Reinhardt M. D.
(Coroner)
Dec. 15, 1925 192 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion DATE OF BURIAL Dec 16 192 5

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Madison Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

04659

HEALTH DEPARTMENT—CITY OF BALTIMORE

176 E 04659

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3925 Fall Road St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Battie Morris

(a) Residence No. 3925 Fall Road St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Divorced

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar 10-1879

7-AGE, 46 yrs. 8 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto City

PARENTS.

10-NAME OF FATHER Robert Haines

11-BIRTHPLACE OF FATHER (City or town) (State or Country) Carroll Co.

12-MAIDEN NAME OF MOTHER Mary A Ruby

13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Carroll Co

14- (Informant) Frank A Morris

(Address) 3925 Fall Road

15- DEC 16 1925 ROBERT R. KRAUSE Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 15/1925

17- I HEREBY CERTIFY, That I attended deceased from Oct. 15 1925 to Dec. 15 1925

that I last saw h... alive on Dec. 15 1925

and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia Influenza

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1925

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Microscopic

12/ (Signed) Treacon D Kelly M. D.

15, 1925 (Address) 4 Lowndes Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Dec 17 1925

St Mary's Ramp Dec 17 19 25

UNDERTAKER A S Marshall ADDRESS 3539 Fall Road

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

CERTIFICATE OF DEATH.

04660 E 04660

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 28-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Florence Healy

(a) RESIDENCE No. Mt Hope Retreat 927 E. Biddle St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) Dec, 14 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~Abt~~	42	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) H. Work -

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John J. Healy

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md -

12 MAIDEN NAME OF MOTHER Margaret Jennings -

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Records of Mt Hope Retreat

(Address) Baltimore Md -

15 Dec DEC 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1925

17

I HEREBY CERTIFY, That I attended deceased from June 29th, 1925, to Dec 14, 1925,

that I last saw her alive on Dec 14, 1925,

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy - Cerebral

~~Abt~~ (duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Depressed Bycholic -

~~Abt~~ (duration) 0 yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of 0

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Flannery, M. D.

12/17/1925 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL 12/18/1925

20 UNDERTAKER Henry Storck Son — ADDRESS 1301 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—1-19-21—M&T—1500 Bks.

E 04661

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 04661

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 Eastwood Ave ST. 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Augusta Wolff

(a) RESIDENCE NO. 2016 Eastwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William N. Wolff.

6 DATE OF BIRTH (month, day, and year): Oct. 27, 1855

7 AGE: Years 70 Months 1 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): New Jersey.

PARENTS

10 NAME OF FATHER: Daniel Fabler

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: William N. Wolff (Address) 2016 Eastwood Ave.

15 Filed DEC 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-13 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-5, 1925, to 12-13, 1925, that I last saw h[illegible] alive on 12-13, 1925, and that death occurred, on the date stated above, at 7 a.m. p.m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. 1 day

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fred Runge M. D.

(Address) 1000 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: Dec 16 1925

20 UNDERTAKER: Margaret G. Flynn ADDRESS 1422 Light St.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

04662

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 04662

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 2513 W Fayette St St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary Green

(a) Residence No..... 2513 W Fayette St St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Unknown 1865

7-AGE,	If LESS than 1 day,
60 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... House work

(b) General nature of industry, business, or establishment in which employed (or employer)..... 070

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Green.

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country) Ireland.

12-MAIDEN NAME OF MOTHER, Morgaret Graney

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ireland.

14- (Informant) Mrs Morgaret Scally

(Address) 2513 W Fayette St

15- DEC 16 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 14 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 9/25 to Dec 14 1925

that I last saw h.. alive on Dec 13 1925

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/16/1925 (Address) [illegible]

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Peters Cem.	Dec 17 1925

20-UNDERTAKER.	ADDRESS
John J Leppert & Son	1 East Lexington & Holliday Sts

Instructions on back of Certificate.

Spec. 1-10-21—M&T—1500 Blks.

E 04663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 04663

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Moreland Av ST., 15-4 WARD)

2-FULL NAME Leonard Reed

(a) RESIDENCE No. 1603 Moreland Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	55	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Whole-sale Grocery

(c) Name of employer A. M. Wagner Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER David M. Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Rachel Goudel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Nagle

(Address) 4210 York Road

15 Filed DEC 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15th 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 25th, 1925, to Dec, 15th, 1925, that I last saw h.. alive on Dec. 15th, 1925, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Dilatation of the heart.

(duration) Do not know ds.

CONTRIBUTORY (Secondary)

(duration) Do not know ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No.

What test confirmed diagnosis? None special.

(Signed) O. F. Hoffman, M. D.

12/15 1925 (Address) 3400 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Dec 18 1925

20 UNDERTAKER: Harry W. Ehlen

ADDRESS 1911 W. North Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

E 04664

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04664

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Nursery and Childs Hosp. St., 18-1 WARD) 78

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Janet Brown

(a) RESIDENCE NO. Franklin and Schroeder St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred since birth mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant N. C. Brown

(Address) Rising Sun Md

DEC 16 1925 ROBERT R. KRAUSER,
Registrar of Vital Records.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1925, to Dec 15, 1925, that I last saw her alive on Dec. 15, 1925, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Status epilepticus

(duration) since birth yrs. mos. ds.

CONTRIBUTORY (Secondary) Multiple sub-meningeal hemorrhages (duration) 0 yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Frederick P. Hart, M. D.

, 19 (Address) 417 East North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sykesville Md — DATE OF BURIAL Dec 16 1925

20 UNDERTAKER George J Smith — ADDRESS 157 Hollins St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04665

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2359 ST. Druid Hill Ave WARD 17)

2-FULL NAME Mary Turner

(a) RESIDENCE NO. 2359 ST. Druid Hill Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edgar Turner

6 DATE OF BIRTH (month, day, and year): Sept 1874

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 010

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co Md.

PARENTS

10 NAME OF FATHER: Peter Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Nellie Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Elizabeth J. Bazell

(Address) 2359 Druid Hill Ave

15 Filed DEC 16 1925 ROBERT R. KRAUS II Registrar

Municipal Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 21 1925, to Dec 12 1925, that I last saw h[illegible] alive on Nov 21 1925 and that death occurred [illegible] the date stated above, at 11.30 Pm.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Petterson, M. D.

, 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stephens Cem.

DATE OF BURIAL: 12/15/25

20 UNDERTAKER: Samuel J. Hensley

ADDRESS 578 N Gilmor

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

E 04666

CERTIFICATE OF DEATH.

E 04666

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3822 Hickory Ave. WARD) 12-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma L Hill

(a) RESIDENCE No. 3822 Hickory Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Alfred E Hill

6 DATE OF BIRTH (month, day, and year): Apl 14 1865

7 AGE: Years 60 | Months 8 | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknon

14 Informant: Alfred E. Hill

(Address): 3822 Hickory Ave

15 Filed DEC 16 1925 WILLIAM R. KNOTTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 10 1925 to Dec 14 1925

that I last saw h/w alive on Dec 14 1925

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Strandenwood M. D.

12/15 1925 (Address) 846 W 36 St - Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden

DATE OF BURIAL: Dec 17 1925

20 UNDERTAKER: Chenowith & Son

ADDRESS: 3617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04667 31 E 04667

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 S. Kenwood Ave ST., 15 WARD)

2-FULL NAME John Paul Kleiner

(a) RESIDENCE NO. 622 S. Kenwood Ave ST., 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kleiner

6 DATE OF BIRTH (month, day, and year) Oct. 13-1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30.	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinists helper.

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Adolph Kleiner

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany.

12 MAIDEN NAME OF MOTHER Barbara Trust.

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Elizabeth Kleiner (Wife)
(Address) 622 S. Kenwood Ave

15 Filed DEC 16 1925 Robert R. [illegible] Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Dec 13, 1925, that I last saw him alive on Dec 11, 1925, and that death occurred, on the date stated above, at 9.40 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

~~Tuberculosis~~

Inflammation from Mother (duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Lungs & Sputum

(Signed) W. [illegible], M. D.

, 19 (Address) 3015 Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Most Holy Redeemer Cem. DATE OF BURIAL Dec. 17 1925

20 UNDERTAKER Tilly and Zeile ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04668

CERTIFICATE OF DEATH.

159-002

E 04668

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1627 Eutaw Place ST. 14-W WARD)

2-FULL NAME Carolyn Joanne Hanson

(a) RESIDENCE NO. 1627 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Sept 24, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant - ~~ditto~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md -
(State or country)

PARENTS

10 NAME OF FATHER Chas Albert Hanson, Jr

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Caroline Wagner

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland -

14 Informant Chas. Albert Hanson Jr
(Address) 1627 Eutaw Place

15 Filed Dec 16 1925 ROBERT R. KRAUSE Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 24 1925 to Dec 15 1925, that I last saw her alive on Dec 15 1925, and that death occurred, on the date stated above, at 8.50 p. m.

The CAUSE OF DEATH* was as follows:

Congenital cardiac Defect.

(duration) yrs. 2 mos 21 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John L. Fuby M. D.

12/15, 1925 (Address) 405 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ London Park DATE OF BURIAL DEC 17 1925

20 UNDERTAKER Geo W Little ADDRESS 2700 EDMONDSON AVE

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124

E 04669

REGISTERED NO. E 04669

1-PLACE OF DEATH St Josephs Hospital
CITY OF BALTIMORE: (No.) Caroline and Gilmor (ST., WARD)

2-FULL NAME Bertie J. Wilson

(a) RESIDENCE NO. 15 41 N. Caroline ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 1st 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work H. W. ood
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Capt. Chas H Wilson
11 BIRTHPLACE OF FATHER (city or town) —
(State or country) Sweden
12 MAIDEN NAME OF MOTHER Ellen McConnell
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Albert H Wilson
(Address) 15-41 N Caroline St

15 Filed DEC 16 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/15/25 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/21/25, 1925, to 12/15/25, 1925, that I last saw her alive on 12/15/25, 1925 and that death occurred, on the date stated above, at 2:10 P m.

The CAUSE OF DEATH* was as follows:
Chronic cystitis
generalized peritonitis

Duration — yrs. — mos — ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation
duration yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home 11/13/25
Did an operation precede death? yes Date of 12/15/25
Was there an autopsy? no
What test confirmed diagnosis? Clinical & Microscopical

(Signed) H. R. McConnell, M. D.
, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Dec 18th 1925
ADDRESS

20 UNDERTAKER George Schilling & Sons 1126 E Monument 20

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

04670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 02 × 118 E 04670

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Sanders

Hillen Road nr Towson

(a) RESIDENCE NO. Harrison Rider Farm ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred sick yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
none

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 69			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Or
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant John Burns & Sons
(Address) Towson Md

15 Filed DEC 16 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Autopsy at Hopkins)

Intestinal obstruction - mesenteric gangrene Primal. (Shock)
(duration) yrs. mos. ds.

~~CONTRIBUTORY~~ (Secondary) operation
(duration) 2 yrs. mos. ds.

(Signed) J. S. Hollar, M. D.
(Coroner.)

12-16-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Rest Towson — DATE OF BURIAL 12/17 1925

20 UNDERTAKER John Burns Son — ADDRESS Towson Md

Spec—12-23-21—E.B.R.S.—400 Bks.

04671

HEALTH DEPARTMENT—CITY OF BALTIMORE

04671

CERTIFICATE OF DEATH. Garrett 29

1-PLACE OF DEATH

City of BALTIMORE: (No. 4424 St. Georges St. 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bryan Lindsay

(a) Residence No. 4424 St. Georges St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, C.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) September

7-AGE, 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Q40

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Essex Co. Va

PARENTS:

10-NAME OF FATHER, Kellys Lindsay

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Maria Lindsay

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Kellys Lindsay
(Address) 4424 St. Georges.

15- Filed 192 ROBERT R. KRAUTER, Registrar.

DEC 16 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 13, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 25, 19.25 to Dec. 13, 19.25

that I last saw him alive on Dec 13, 19.25

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Interstitial Nephritis

Chronic Myocarditis

(Duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) D. W. Bishop M. D.

Dec 13, 1925 (Address) 501 Sheridan Av.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, REMOVAL, Bay View Cemetery Essex County Va

DATE OF BURIAL, 12/16/25 19....

20-UNDERTAKER Mrs. R. C. Elliott

ADDRESS 1725 Ashland Av

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04672 (1866-82) — 65-001 — E 04672

REGISTERED NO.

1-PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-3 ST., WARD)

2-FULL NAME Abe Brattesman

(a) RESIDENCE No. 2508 E. Baltimore St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ellis Brattesman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Trubkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 16 1925 19 Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1925, to Dec 16, 1925, that I last saw him alive on Dec 16, 1925, and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:

Leukaemia, acute lymphatic

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. W. Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Cemetery — DATE OF BURIAL 12/16 1925

20 UNDERTAKER Jack Levin — ADDRESS 1439 Eutaw St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04673

CERTIFICATE OF DEATH.

E 04673

1925 29 46 885

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 N Bruce St., 45-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Johnson

(a) RESIDENCE No. 1618 N Bruce St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Della Johnson

6 DATE OF BIRTH (month, day, and year): Feb 22 1880

7 AGE: Years 45 Months 10 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Longshoreman

(b) General nature of industry, business, or establishment in which employed (or employer): 074

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Isaac Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lucy Heart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs Della Johnson 1618 N Bruce St

15 Filed ..... 19 ..... Registrar

ROBERT R. KRAUTER

DEC 16 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1925, to Dec. 14, 1925, that I last saw him alive on Dec. 14, 1925, and that death occurred, on the date stated above, at 4 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Symptoms

(Signed) John D. Quinn M. D.

(Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ht Olivet | DATE OF BURIAL: Dec 18 1925

20 UNDERTAKER: Clarence E. Wright | ADDRESS: 1364 Mass

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04674 E 04674

CERTIFICATE OF DEATH.

124

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl Hosp ST. 11-L WARD)

2-FULL NAME Charles R Woods

(a) RESIDENCE NO. Hampden Court Apts. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Edith Woods

6 DATE OF BIRTH (month, day, and year) 1871 ?

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer Atty

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Peter Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Buck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Geo Simmons (Address) Hampton Court Apts.

15 Filed DEC 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15-25

17 I HEREBY CERTIFY, That I attended deceased from 12-10-25, 19 , to 12-15-25, 19 , that I last saw him alive on 12-14-25, 19 , and that death occurred, on the date stated above, at 1 15 a m.

The CAUSE OF DEATH* was as follows:

Cl. Dil. Myocarditis.

Hypostatic

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) apoplexy & uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Assumed

(Signed) Jno A Tompkins, M. D.

, 19 (Address) Md Genl Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Grove Cem Carroll Co

DATE OF BURIAL Dec 17th 1925

20 UNDERTAKER Henry H Jenkins Sons

ADDRESS McCulloh & Pachard Sts.

TION is very important. See instructions on back of certificate.

Cor.—1-12-25—M&T—100 Bks.

E 04675

HEALTH DEPARTMENT—CITY OF BALTIMORE

80-E 403

04675

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 S. Sharp St. ST. 22-1 WARD)

2-FULL NAME John Mras.

(a) RESIDENCE NO. 214 S. Sharp St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Dec. 14, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

003

9 BIRTHPLACE (city or town) Germany.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Mary Grigalunas.
(Address) 214 S. Sharp St.

15 Filed DEC 16 1925 192 ROBERT R. KRAMER, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental Asphyxia. Heat from a burning gas stove in a closed room.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Bernhardt, M. D.
(Coroner.)
Dec. 16, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL Dec 16 1925

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04676

CERTIFICATE OF DEATH.

129 E 04676

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 955 Bennett Pl ST., 10 WARD)

2-FULL NAME Susan Lee

(a) RESIDENCE No. 955 Bennett Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 2 - 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Joe G Tilman Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles J Weiss

(Address) 955 Bennett place

15 Filed DEC 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15 1925

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1925, to Dec 15, 1925, that I last saw h alive on Dec 15, 1925, and that death occurred, on the date stated above, at 3 10 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. 5 mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. E. Blackford M. D.

12/15 1925 (Address) 1600 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hanover	Dec 15 1925
20 UNDERTAKER	ADDRESS
W J Cook	502 N Mka

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04677

CERTIFICATE OF DEATH.

17 2 E 04677

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Eutaw St. ST., 4-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry G. Wheat

(a) RESIDENCE NO. 1523 Eutaw St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred S. yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Wheat

6 DATE OF BIRTH (month, day, and year) Dec 1st 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Dry Goods

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER James Wheat

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Noel

13 BIRTHPLACE OF MOTHER (city or town) Pa (State or country)

14 Informant Mary E. Wheat

(Address) 1523 Eutaw St

15 Filed DEC 10 1925, 19 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Dec 15, 1925,

that I last saw him alive on Dec 15, 1925,

and that death occurred, on the date stated above, at 10 a, m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of the Liver.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion (Coma)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Luigi D. DeStefano, M. D.

Dec 16, 1925 (Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Dec	18 1925

20 UNDERTAKER W. M. Corkran ADDRESS 502 E. Monument St.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04678

CERTIFICATE OF DEATH.

90 E 04678

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Jankowski

(a) RESIDENCE No. 234 S. Collington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	62yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Jacob Jankowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Jankowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Baltimore City Hospitals Records (Address)

15 Filed 16 1925, 19 Robert P. [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1925 to Dec. 13, 1925

that I last saw h[illegible]live on Dec. 13, 1925

and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

Emphysema, Chronic bronchitis, chronic myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) 5 days yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Muller, M. D.

12/13 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Dec. 16 1925

20 UNDERTAKER John McWeber ADDRESS 1803 Bank St

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04679 31 E 04679

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals (C.B.3)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Rufus B. Lyons

(a) RESIDENCE NO. 2605 Greenmount ave. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 05 10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James W. Lyons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed 6 1925, 19 Robert P. Harrison, Registrar
~~Burial Permit Clerk~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1923, to Dec. 15, 1925, that I last saw him alive on Dec. 15, 1925, and that death occurred, on the date stated above, at 12.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Unknown. Pott's disease, Tuberculosis

(duration) ..... yrs. ..... mos ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clin Findings and Autopsy

(Signed) Wm Thom Jr, M. D.

12-15-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Huntingtown Md.

DATE OF BURIAL 12/17 1925

20 UNDERTAKER J. Lew McCully

ADDRESS 130 E Fort

Spec—12-23-21—E.B.R.S.—400 Bks.

04680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04680

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1439 Battery av. St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Rosario Barsanco

(a) Residence No. 1439 Battery av St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	white	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) July 16-189[illegible]

7-AGE. 33 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Barber
(b) General nature of industry, business, or establishment in which employed (or employer)..... Own
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Italy
(State or Country),

PARENTS.

10-NAME OF FATHER, Joseph Barsanco

11-BIRTHPLACE OF FATHER (city or town). Italy
(State or Country),

12-MAIDEN NAME OF MOTHER, Rosa Russo.

13-BIRTHPLACE OF MOTHER (city or town). Italy
(State or Country),

14-
(Informant) Jos. Barsanco
(Address) 1439 Battery av

15-
Filed Dec 15 1925 Edward J. Harrigan, Registrar.

61925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-14-25

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1925 to Aug 14 1925

that I last saw him alive on Aug 14 1925

and that death occurred, on the date stated above, at 11.40 P.M.

The CAUSE OF DEATH* was as follows:

Subacute bacterial Endocarditis

(Duration) ✓ yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 4 mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Examination & Hospital Studies

(Signed) [illegible] M. D.

Dec 15 1925 (Address) 120 E Fort Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral	12 17 1925
20-UNDERTAKER.	ADDRESS
J. Fow McAnally	130 E. Fort

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04681

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04681

CERTIFICATE OF DEATH.

6-257

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2109 Jefferson St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Martha Houston Proctor

(a) Residence No..... 2109 Jefferson St. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	[illegible], widowed, Wildowed, [illegible] (Write the word.)
female	white	

5a-If [illegible], widowed, or [illegible] WIFE of Richard W. Proctor

6-DATE OF BIRTH (month, day and year) Feb. 22. 1853

7-AGE.	If LESS than 1 day,
72 yrs. 9 mos. 22 ds.	.... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, ? Houston

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Unknown

14- (Informant) Mrs. Emma Leddon (daughter)

(Address) 2109 Jefferson St

15- Filed ..... 192.....

DEC 16 1925

Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec. 14, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 20, 1925 to Dec 14, 1925 that I last saw h[illegible] alive on Dec 13— 1925 and that death occurred, on the date stated above, at 6:20 A. m.

The CAUSE OF DEATH* was as follows:

Diabet Mellit,

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Thy Gravy

Dec 14 1925 Signed G. C. Brades, M. D.

(Address) 1436 Bway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Dec 18 1925

20-UNDERTAKER,	ADDRESS
Hughes & Lord Sons,	424 N. Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04682 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16 E 04682

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 22-1 Registered No.....

City of BALTIMORE; (No. Lombard & Greene St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Majett

(a) Residence No. 517 S. Greene St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1hr 20 min How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 14, 1925

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 1 hrs. 20 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER Carbridge Emerson Majett

11-BIRTHPLACE OF FATHER (city or town) Fredericksburg (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Eula Brown

13-BIRTHPLACE OF MOTHER (city or town) Hartford Co. (State or Country), N.C.

14- (Informant) Eula Majett

(Address) 517 S. Greene St.

15- Filed ..... 192 .....

Robert P. Harrison, Registrar.

Burial Permit Clerk

DEC 16 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 14, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1925, to Dec 14 1925, that I last saw him alive on Dec. 14, 1925, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

.....

.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY —
(Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D.

Dec 14, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL, ... 19....

20-UNDERTAKER Commissioner of Health ADDRESS DEC 16 1925

For use of Registrar

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 04683 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04683

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4733 Park Heights Av. WARD 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan R. Stonesifer

(a) RESIDENCE. No. 4733 Park Heights Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm A. Stonesifer

6 DATE OF BIRTH (month, day, and year) Mar 2 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md.

PARENTS

10 NAME OF FATHER Michael Brock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rachael ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm A. Stonesifer

(Address) 4733 Park Heights ave

15 Filed DEC 16 1925, 19 Robert A. McFarlane, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1925 to Dec 14th, 1925, that I last saw h alive on Dec 14th, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes ?

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D Bubert M. D

, 19 (Address) 4854 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Md	Dec 17 1925
20 UNDERTAKER Wm Dickens Sons	ADDRESS North Pa

Spec.—1-10-21—M&T—1500 Bks.

E 04684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04684

X 10

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 9-2 WARD)

2-FULL NAME Marie Steg

(a) RESIDENCE NO. Perry Hall, Balto. Co. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edgar L. Steg

6 DATE OF BIRTH (month, day, and year): June 18, 1903

7 AGE — Years: 22 — Months: 5 — Days: 27 28 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. County

PARENTS

10 NAME OF FATHER: Henry Eichler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Katherine Butterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Eichler
(Address) Fullerton Rd. Robert P. Warren

15 Filed 1 6 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1925, to Dec 15, 1925, that I last saw her alive on Dec 15, 1925, and that death occurred, on the date stated above, at 8 45 P m.

The CAUSE OF DEATH* was as follows:

Diphtheria, Tonsillar + pharyngeal

(duration) ..... yrs. ..... mos. 17 ds.

CONTRIBUTORY (Secondary): Septic Sore Throat

(duration) ..... yrs. ..... mos. 13 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Positive Throat Culture

(Signed) Myron G. Tull, M. D.

12/16 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Dec 17 1925

20 UNDERTAKER: Fred H. Lees Son Lowe — ADDRESS: Fullerton

FAILURE TO FILL OUT THIS CERTIFICATE IS A MISDEMEANOR. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

87205 04685 +135 E 04685

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horton Bleevine

(a) RESIDENCE NO. South of Wilson La ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) R. C.

PARENTS

10 NAME OF FATHER Felix Bleevine

11 BIRTHPLACE OF FATHER (city or town) (State or country) R. C.

12 MAIDEN NAME OF MOTHER Mary Pennington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) R. C.

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 DEC 17 1925 ROBERT B. KINNIER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 11 - 1925 to Dec 16 - 1925

that I last saw ~~he~~ alive on Dec 16 - 1925

and that death occurred, on the date stated above, at 6 10 P. m.

The CAUSE OF DEATH* was as follows:

Pemphigus Vesicularis, hypertrophy

(duration) yrs. 9 mos ..... ds.

CONTRIBUTORY (Secondary) Pyonephrosis

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At this house

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Wm Engel M. D.

1925 (Address) Johns Hopkins Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louisdale Va

DATE OF BURIAL 11/16/25

20 UNDERTAKER Joseph Abrams

ADDRESS 221 Bway

TION IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T 1500 Bks. LAKE DRIVE + LINDEN Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 04686

CERTIFICATE OF DEATH.

47 E 04686

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Riviera Apt. 6 C ST. 13-6 WARD)

2-FULL NAME Ladie Bendann

(a) RESIDENCE No. Riviera Apts. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Bendann

6 DATE OF BIRTH (month, day, and year) Oct. 7 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 87

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Hartz

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Minna Lowenthal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mr. Clarence Bendann (Address) Riviera Apts.

15 Filed DEC 17 1925 19.... ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/15/ 1925.

17 I HEREBY CERTIFY, That I attended deceased from October, 1922 to Dec 15 1925, that I last saw her alive on Dec 15 1925, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Carcinomatosis: pulmonary & bony metastases — yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of April 7 1925 (3rd operation)

Was there an autopsy? No

What test confirmed diagnosis? Microscopic exam of [illegible] part by Louis P. Hamburger

(Signed) Louis P. Hamburger M. D.

Dec 16 1925 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oheb Shalom Cem.	12/17/ 1925.
20 UNDERTAKER David Sondheim	ADDRESS 1120 W Pat. Royal Ave.

TION IS very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 04687

HEALTH DEPARTMENT—CITY OF BALTIMORE

18

E 04687

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — In the harbor off

CITY OF BALTIMORE: (No.) Foot of Covington St. (ST.) 243 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME — Enright Pentzhorn.

(a) RESIDENCE No. 1300 Beason St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unk yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	----------	----------	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Deck hand.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report.
(Address) Southern District.

Filed DEC 17 1925 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 12, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Accidental fall from a scow while at work.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner)

Dec, 15, 1925 (Address) 1001 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — DATE OF BURIAL Dec 17 1925

20 UNDERTAKER John F. Denny — ADDRESS 715 Light

Spec. 1-10-21 M&T 1500 Blks.

E 04688

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 04688

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 E. University Parkway ST., 7 WARD)

2-FULL NAME. Margaret M. Hubbell

(a) RESIDENCE NO. 304 E University Parkway WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas M. Hubbell

6 DATE OF BIRTH (month, day, and year) July 29, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Va.
(State or country)

PARENTS

10 NAME OF FATHER Richard Crawford

11 BIRTHPLACE OF FATHER (city or town) ..... Va
(State or country)

12 MAIDEN NAME OF MOTHER Ann Gardner

13 BIRTHPLACE OF MOTHER (city or town) ..... Va
(State or country)

14 Informant Virginia M. Miller
(Address) 304 E. University Parkway

15 Filed ..... 19 .....

ROGER K. KRAUTER
Burial Permit Clerk
DEC 17 1925
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1925, to Dec. 15, 1925, that I last saw her alive on Dec. 15, 1925, and that death occurred, on the date stated above, at 5.55 P. m.

The CAUSE OF DEATH* was as follows:

General Arterio - Sclerosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ..

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. S. Kerr M. D.

12-16 1925 (Address) 5/6 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laramie Park	Dec. 18 1925
UNDERTAKER	ADDRESS
John O. Mitchell	1201 W. Fayette

FRONT—Very important. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-002

118 E 04689

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 S Bouldin ST., 26-8 WARD)

2-FULL NAME Gustav A. Meurer

(a) RESIDENCE NO. 1116 S. Bouldin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 14. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER William G. Meurer

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Wollaley

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant William G. Meurer (Address) 1116 S Bouldin St

15 Filed DEC 17 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 12 1925 to Dec 15 1925, that I last saw him alive on Dec 15 1925, and that death occurred, on the date stated above, at 7 15 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) ... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Collapse

(duration) ... yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

12/15 1925 (Address) 1014 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Dec 17 1925

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS 1710 East Ave.

TION IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 04690

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 W Lexington St. 18-2 WARD)

2-FULL NAME Maida Thomas

(a) RESIDENCE NO. 1 W Lexington ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 16 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Nelson Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rubin Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Thomas
(Address) 1 W Lexington St

15 Filed ..... 19 ..... Registrar

ROBERT K. KRAUTER, Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/15 1925 to 16 1925, that I last saw h alive on Dec 15/16 1925 and that death occurred, on the date stated above, at 6-26 m.

The CAUSE OF DEATH* was as follows:

Gastro Enterite

(duration) yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Rutland Davis, M. D.

, 19 (Address) 1 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Dec 17 1925

20 UNDERTAKER John Budds — ADDRESS 800 W Lombard

DEC 17 1925 Burial Permit

TION IS Very Important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04691 E 04691

CERTIFICATE OF DEATH.

14-90

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 913 W. North Ave. St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Yetta Kahn.

(a) Residence No. 913 W. North Ave. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Married.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Kahn.

6-DATE OF BIRTH (month, day and year) Jan 10-1870

7-AGE. 55 11 — 54 yrs. 10 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework 07

(b) General nature of industry, business, or establishment in which employed (or employer). House Wife.

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Latvia-Courland Russia.

PARENTS.

10-NAME OF FATHER. Samuel Sacks.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Latvia Russia.

12-MAIDEN NAME OF MOTHER. Betty Kahn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Latvia Russia.

14- (Informant). Nathan A. Cohen

(Address). Alhambra Apts.

DEC 17 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 15 1925

17- I HEREBY CERTIFY, That I attended deceased from March 26, 19 25, to Dec 15, 19 25, that I last saw h.r alive on Dec 15, 19 25, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Hemiplegia.)
(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis
(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger M. D.

Dec 16, 19 25 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Oheb Shalom Cemetery	Dec. 17., 19 25
20-UNDERTAKER.	ADDRESS
J. Ahrens Co.	3314 Reisterstown Rd

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04692 — 96 ✓ — E 04692

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 651 W. Lafayette St. 17th WARD)

2-FULL NAME Thomas W. Ash

(a) RESIDENCE No. 651 W Lafayette ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Annie Ash

6 DATE OF BIRTH (month, day, and year) Feb. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 000

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Thomas W. Ash Sr.

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Marcelena Dorsey
(Address) 651 W. Lafayette Ave

15 Filed DEC 17 1925 ROBERT R. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 18 1925 to Dec 15 1925

that I last saw him alive on Dec 14 th 1925

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) 3 yrs. + mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? +

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J. Ken Williams, M. D.

, 19 (Address) 601 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 12/18/1925

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1637 Druid Hill Ave

TION IS very important. See instructions on back of certificate.

Adele McCullough

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04693 E 04693

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH West Baltimore Gen'l Hospital

CITY OF BALTIMORE: (No. Raynor and Dukeland ST., 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adele McCullough

(a) RESIDENCE NO. 757 McHenry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of John A. McCullough

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Quinn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John A. McCullough

(Address) 757 McHenry St.

Filed DEC 17 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/14, 1925, to 12/16, 1925, that I last saw her alive on 12/16, 1925, and that death occurred, on the date stated above, at 7:40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Diabetes mellitus

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Acute uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Agatha Wilkerson, M. D.

, 19 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Dec 19, 1925

20 UNDERTAKER Harry A. Woltz & Co ADDRESS 1531 W. Lombard

Burial Permit Clerk

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04694 45 E 04694

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1319 E Madison ST., 10 WARD) REGISTERED NO.

CITY OF BALTIMORE: (No ~~Fremont~~)

2-FULL NAME Frank Ridout

(a) RESIDENCE NO. 1319 E Madison ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ida Ridout

6 DATE OF BIRTH (month, day, and year) Aug 20 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	43	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Drayman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge Md

PARENTS

10 NAME OF FATHER James Ridout

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant William Ridout

(Address) 1319 E Madison St

15 Filed DEC 17 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/25 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 30, 1925, to Dec 14, 1925, that I last saw him alive on Dec 14, 1925 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis and Myocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Probably Carcinoma of Intestines

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. J. Young M. D.

12/17 1925 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashury Cemetery	12/17/25
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1725 Ashland Av.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04695 101-001 E 04695

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 So. Montford Ave ST., 1-2 WARD)

2-FULL NAME JOSEPH SLOWIKOWSKI,

(a) RESIDENCE NO. 710 So. Montford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 32 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male,	White,	Married,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Slowikowski,

6 DATE OF BIRTH (month, day, and year) March 19- 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer, 67

(b) General nature of industry, business, or establishment in which employed (or employer) Stevedore,

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland,

PARENTS

10 NAME OF FATHER Frank Slowikowski,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Not known,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

14 Informant Mrs. Rosie Slowikowski, (Wife)

(Address) 710 So. Montford Ave.

15 Filed DEC 17 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1925, to Dec. 15, 1925,

that I last saw him alive on Dec. 15, 1925,

and that death occurred, on the date stated above, at 11 15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. , mos 3 da

CONTRIBUTORY (Secondary) Pleurisy

(duration) yrs. mos. 5 weeks da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Edw. C. Weis, M. D.

19 12/16/25 (Address) 408 S Patterson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus - Cem.	Dec. 19-1925.
20 UNDERTAKER M. J. Jackowski.	ADDRESS 705 S. Ann

TION is very important. See instructions on back of certificate.

04696

Mec. 1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-002
E 04696

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Mercy Hospital ST., 15-4 WARD)

2-FULL NAME Helen Frances Carney Latimer

(a) RESIDENCE NO. 4033 Bonner Road ST., ... WARD .....
(Usual place of abode) Forest Park (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert L. Latimer

6 DATE OF BIRTH (month, day, and year): Jan. 23, 1877

7 AGE: 48 Years; Months 10; Days 24 23; If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Brookfield Madison County, New York

PARENTS

10 NAME OF FATHER: Frank Carney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Hannah Loftis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Robert L. Latimer 4033 Bonner Road

15 Filed DEC 17 1925 ROBERT N. KRAUER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-13 .1925. to 12-17 .1925.,
that I last saw h Ez alive on 12-17 .1925.,
and that death occurred, on the date stated above, at 6 A- m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) ..... yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ..... yrs. mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? Yes Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical

(Signed) W. F. Longaker, M. D.
12-17 1925 (Address) Emerg Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Utica, New York — DATE OF BURIAL: Dec 19 1925

20 UNDERTAKER: Joseph B. Cook — ADDRESS: 1003 N. Calvert

IMPORTANT: See instructions on back of certificate

HEALTH DEPARTMENT—CITY OF BALTIMORE

04697

CERTIFICATE OF DEATH.

Registered No. C 04697

1-PLACE OF DEATH

City of BALTIMORE: (No. 1125 Kirk Av. St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. Mason

(Residence in Baltimore: No. 1125 Kirk Av. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH, about 1863
(Month) (Day) (Year)

7-AGE, 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Huckster
(b) General nature of Industry, business, or establishment in which employed (or employer) self

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas Mason

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Richardson

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Coates

(Address) 633 Cumberland St

15- DEC 17 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 14, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquest, (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) C. T. Hemmeter M. D.
(Coroner.)

Dec. 16 1925 (Address) 2602 Edmondson

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem	12/16/25
20-UNDERTAKER, Emmett Beasley	ADDRESS 5 E Balto

Spec.—1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04698

CERTIFICATE OF DEATH.

100-001

E 04698

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD) 3-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gena Tirochi

(a) RESIDENCE NO. 221 S Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 31 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed DEC 17 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1925

17

I HEREBY CERTIFY, That I attended deceased from June 13, 1925, to Dec. 15, 1925, that I last saw him alive on Dec. 15, 1925, and that death occurred, on the date stated above, at 3:35 P m.

The CAUSE OF DEATH* was as follows:

Post Encephalitic Parkinson's Syndrome

(duration) 2 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Keller, M. D.

12/16. 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Duncans Cem	Dec 17. 1925
20 UNDERTAKER	ADDRESS
Kendall & Appel Co	330 N Bond

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

85086
E 04699

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

51 E 04699

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 3-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Kaplo

(a) RESIDENCE No. 213 Albemarle St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

June 1918

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) ..... Italy
(State or country)

PARENTS

10 NAME OF FATHER Thomas Kaplo

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Rosaria Kaplo

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant (Address) Friends JOHNS HOPKINS HOSPITAL

15 Filed DEC 17 1925 19 ROBERT R. KRAMER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1925, to Dec 16, 1925, that I last saw him alive on Dec 16, 1925, and that death occurred, on the date stated above, at 6-20 a m.

The CAUSE OF DEATH* was as follows:

Pericarditis, acute rheumatic

(duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) Acute rheumatic fever

(duration) ... yrs. 1½ mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A W Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem	Dec 19 1925
20 UNDERTAKER	ADDRESS
Randall & Appel & Sons	330 Hanover St.

TION IS very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04700

E 04700

CERTIFICATE OF DEATH.

REGISTERED NO. 1001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1806 Dover ST., 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha M. Sanders

(a) RESIDENCE NO. 1806 Dover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. R. Sanders

6 DATE OF BIRTH (month, day, and year): Sept 24th 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	2	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Wm G. Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie E. White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Geo. R. Sanders
(Address): 1806 Dover St

15 Filed DEC 17 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec, 15th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

at once

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Jno. B. Kerrow, M. D.
(Coroner.)
Dec 16, 1925 (Address) Curtis Bay, Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional rules.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Dec 18 1925
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	320 Md Ave Westport

Susan Cattman

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04701

164

E 04701

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1717 Hanover St. (WARD) 17-2

2-FULL NAME Susan Cattman

(a) RESIDENCE NO. 1717 Hanover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caldin Cattman

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Howard Co., Md

PARENTS

10 NAME OF FATHER Cushwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cushwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rose Stewart (Address) 831 Park ave

15 Filed DEC 17 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 14th 1925 to Dec 16th 1925

that I last saw her alive on Dec 14th 1925

and that death occurred, on the date stated above, at 2 A.M. P.M.

The CAUSE OF DEATH* was as follows: Infirmities of age

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Feeling tone Thrombosis of an artery 3 yrs. 4 mos. 7 ds.

18 Where was disease contracted if not at place of death? (Home)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

19 (Address) 924 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westover Md — DATE OF BURIAL 12/18 1925

20 UNDERTAKER Daniel Easton — ADDRESS 916 Penna Ave

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04702

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 04702

CERTIFICATE OF DEATH.

12-4

1-PLACE OF DEATH

City of BALTIMORE: (No. 2412 Barclay St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgiana Davis

(a) Residence No. 2412 Barclay St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced —HUSBAND— of (or) WIFE of John Porter Davis

6-DATE OF BIRTH (month, day and year) 4 - 18 - 1854

7-AGE,	If LESS than 1 day,
71 yrs. 7 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer

9-BIRTHPLACE (city or town) Stockton
(State or Country), Md

PARENTS.

10-NAME OF FATHER, Isaac R. Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Anne

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Jeff Davis

(Address) Hotel Rennert

15- Filed [illegible], 192

T 1925 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12/17/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 21 1925 Dec 17 1925

that I last saw h— alive on Dec 16 1925

and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death? at Residence

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	Dec. 19, 1925
20-UNDERTAKER.	ADDRESS
Henry W Mears & Son	805 N. Calvert

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04703

E 04703

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Barclay ST., 12-6 WARD)

2-FULL NAME Mary M. Beitzmeister

(a) RESIDENCE NO. 1715 Barclay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Wm W. Beitzmeister

6 DATE OF BIRTH (month, day, and year) August 9th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	68	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Adam Bach

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Stein

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mrs. Albert O. Dunstan
(Address) 1715 Barclay st

15 Filed ....., Robert P. Harrison, Registrar

DEC 17 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16. 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 13, 1925, to December 16, 1925, that I last saw h.. alive on December 15, 1925, and that death occurred, on the date stated above, at 1.55 a m.

The CAUSE OF DEATH* was as follows:

Hemorrhage in the Brain.

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Cardio-Vascular Disease.

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) James S. Billingslea, M. D.

12/16, 1925 (Address) Glen Burnie, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dunnawell Cemetery

DATE OF BURIAL Dec 19th 1925

20 UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument st

HOME is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04704 — 111-01 — E 04704

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 E. Hamilton ave. St. Hamilton Ward)

2-FULL NAME James P. Read

(a) RESIDENCE NO. 31 E. Hamilton Ave. ST., Hamilton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Dodd Read

6 DATE OF BIRTH (month, day, and year) Sept 30 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	59	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer (Truck Farm)

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER William H. Read

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Moore

13 BIRTHPLACE OF MOTHER (city or town) Phila (State or country) Pennsylvania

14 Informant Mrs. Mollie Read

(Address) 31 E. Hamilton ave.

15 Filed 12/16/25, 19 Robert J. Farrisen, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1925, to Dec 16, 1925, that I last saw h... alive on Dec 15, 1925, and that death occurred, on the date stated above, at 7:20 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Carl Smith, M. D.

(Address) 4702 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cmetery — DATE OF BURIAL Dec 18 1925

20 UNDERTAKER Frederick Lasamo Son — ADDRESS Fullerton

Burial Permit Clerk

IMPORTANT: SEE INSTRUCTIONS ON BACK OF THIS CERTIFICATE

Spec.—1-10-21—M&T—1500 Bks.

E 04705 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04705

33

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N. Bruce ST., 14-1 WARD)

2-FULL NAME Veronica Bankins

(a) RESIDENCE NO. 424 N. Bruce ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	col.	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 21 1910.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	8	24.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work school girl

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER George A. Bankins

11 BIRTHPLACE OF FATHER (city or town) St Mary's Co.
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mamie Warrington

13 BIRTHPLACE OF MOTHER (city or town) St Mary's Co.
(State or country) Maryland.

14 Informant Mamie Bankins
(Address) 424 N. Bruce St.

15 Filed 7 1925 19 Robert F. Williams, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec - 15 - 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20 - 1925, to Dec. 15 - 1925,
that I last saw her alive on Dec. 12 - 1925,
and that death occurred, on the date stated above, at 7:30 P. m.
The CAUSE OF DEATH* was as follows:

Intestinal tuberculosis

(duration) yrs. 10 mos — ds.

CONTRIBUTORY (Secondary) none
(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Ruland, M. D.
12-16 1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters

DATE OF BURIAL Dec 18, 1925.

20 UNDERTAKER Joseph A. Lively.

ADDRESS 151 Winters ave.

TION IS very important. See instructions on

Spec.—1-10-21—M&T—1500 Blks.

E 04706 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

E 04706

CERTIFICATE OF DEATH.

31

6-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 N. Ann ST., WARD)

2-FULL NAME Bessie Toliver

(a) RESIDENCE NO. 304 N. Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hoke

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Simon Toliver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sophia Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sophia Toliver

(Address) 304 N. Ann St

15 Robert P. Harrison, Registrar

7 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16/1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925 to Dec 16, 1925.

that I last saw her alive on Dec 10, 1925,

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B

(duration) — yrs. "2" mos — ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. G. Roper, M. D.

, 19 (Address) 1904 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodberry cemetery

DATE OF BURIAL Dec 19 1925

20 UNDERTAKER Edward Bryson

ADDRESS 1631 Orleans St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 04707

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04707

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Battery Av ST. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdaline Dengler

(a) RESIDENCE NO. 1210 Battery Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Dengler

6 DATE OF BIRTH (month, day, and year): 11-12-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Nagel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Nettie Kropp

(Address) 1210 Battery Av

DEC 17 1925 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-15-1925

17

I HEREBY CERTIFY, That I attended deceased from October 8, 1923, to Dec 15, 1925, that I last saw her alive on Dec. 14, 1925, and that death occurred, on the date stated above, at 5. P. m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(Duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. E. Buxton, M. D.

12/16 1925 (Address) 301 E. Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy cross Cem. a.q.	Dec 18 1925
20 UNDERTAKER	ADDRESS
Margaret A. Flynn	1422 Light St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04708 — E 04708

CERTIFICATE OF DEATH.

Registered No. C. 66

1-PLACE OF DEATH

City of BALTIMORE: (No. 1304 N. Fremont St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Hines

(Residence in Baltimore: No. 1304 N. Fremont ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Single

6-DATE OF BIRTH. Dec. 2, 1846
(Month) (Day) (Year)

7-AGE. 59 yrs. mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER. Curran Hines

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. C. Hines

(Address) 1304 N. Fremont

15- Robert J. Morrison, Registrar.

Filed 192

Burial Permit Clerk

DEC 17 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 15, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Dec 15 1925 (Address) 280 Eutaw ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Peters	Dec 18, 1925

20-UNDERTAKER.	ADDRESS
Braxton Fahey	1828 E. Monument

Cor.—1-12-25—M&T—100 Bks.

E 04709

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04709

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 1711 E. 32nd St ST., 9-2 WARD)

2-FULL NAME Lemuel Deale

(a) RESIDENCE NO. 1711 E. 32nd St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Deale

6 DATE OF BIRTH (month, day, and year) Feb 16-1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Hat Store

(c) Name of employer Samor & Irwin

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER James Deale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Lillie Wharton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Charlotte Deale 1711 E. 32nd St

15 Filed 12-17-1925, 192 Robert P. Carriden, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency-probably Myocardial

(Angina Pectoris before death)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Parker, M. D.

(Coroner.)

12-16-25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pinewood Ave

DATE OF BURIAL Dec 18 1925

20 UNDERTAKER Geo. H. Smith & Son

ADDRESS 811 N. Wash

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04710

CERTIFICATE OF DEATH.

E 04710

188-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. George Lauster

(a) RESIDENCE NO. 406 N. Caroline ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Lauster

6 DATE OF BIRTH (month, day, and year) Aug 11/1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	71	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

003

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER J. George Lauster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Rullman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bertha Lauster

(Address) 406 N. Caroline St

15 Filed 1925, 192 Robert F. [illegible] Registrar

17 1925 Burial Permit Given

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: 2 days

Terminal Bronchopneumonia-run over by motorcycle- Inquest at later date.

(Both legs fractured) 2 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature], M. D.

(Coroner.)

12-17-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec 19th 1925

20 UNDERTAKER George Schilling & Sons

ADDRESS N. Eu. & Monument

E 04711 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04711

CERTIFICATE OF DEATH. 24-001

1-PLACE OF DEATH Home Hospital Registered No. C.....

City of BALTIMORE: (No. ~~2706~~ Rosslyn Ave. St., 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Warring Jones

(Residence in Baltimore: No. 2706 Rosslyn Ave (50 yrs.) ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: April 1 (Month) (Day) 1875 (Year)

7-AGE: 50 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Md

PARENTS:

10-NAME OF FATHER: Jos F Jones

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Elizabeth E Waring

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Goodrich

(Address) 2706 Rosslyn Ave

15- Robert F. Harris,

Filed DEC 17 1925 192.... Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 16 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aortic Sclerosis

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. C. Jones M.D. (Coroner)

Dec 17 192.. (Address) 1425 N Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Md — DATE OF BURIAL, Dec 18 1925

20-UNDERTAKER, H. P. Sudbrink Inc — ADDRESS Baltimore

Cor.—1-12-25—M&T—100 Bks.

E 04712

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04712

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 7-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorraine Jones

(a) RESIDENCE NO. 603 N. East Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ... mos. 4 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Dec 12/1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Percy A. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Marie Treka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Percy A Jones

(Address) 603 N. East Ave

15 Filed 12-17 1925 192 Robert P. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Otitis Media (probably brain infection)

Burns over rt side face & head

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) accidently pulled coffee percolator on herself (duration) ... yrs. ... mos. ... ds.

(Signed) J. Pierce, M. D. (Coroner.)

12-17-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Dec 19 1925

20 UNDERTAKER Frank Brockbank

ADDRESS 1906 Eastern Ave

Spec—12-23-21—F.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04713

CERTIFICATE OF DEATH.

90E 04713

Registered No.....

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No.....St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Albert Zimmer

(a) Residence No. 2232 E. Monument St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1850

7-AGE. 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, James Zimmer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Bohemia

14- (Informant) Baltimore City Hospitals

(Address) Blanks

15- DEC 18 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 16/25

17- I HEREBY CERTIFY, That I attended deceased from July 2, 1925 to Dec 16, 1925

that I last saw him alive on Dec 16, 1925

and that death occurred, on the date stated above, at 1:25 P.m.

The CAUSE OF DEATH* was as follows:

Emphysema

Chronic myocarditis

Auricular fibrillation (History)

(Duration) 1 yrs. 9 mos.

CONTRIBUTORY (Secondary) Myocardial failure

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

12/17, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Hill

DATE OF BURIAL. Dec. 18, 1925

20-UNDERTAKER. August Pasek

ADDRESS 240 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04714

90 E 04714

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116-Ridgewood-Road. ST., 27-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME EMMA LANDMANN GAIL

(a) RESIDENCE No. 116-Ridgewood-Road. ST., 27 WARD (Resident)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 33 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Georg Wilhelm Gail

6 DATE OF BIRTH (month, day, and year) June-6-1851.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Stockhausen (State or country) Germany

PARENTS

10 NAME OF FATHER Gustav Landmann

11 BIRTHPLACE OF FATHER (city or town) Gedern (State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Carl

13 BIRTHPLACE OF MOTHER (city or town) Hunsruck (State or country) Germany

14 Informant G. Philip Gail, (son)

(Address) 116-Ridgewood-Road City

15 Filed DEC 16 1925 WM. J. KRAUTER, Registrar

Marital Records Section

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1925, to Dec. 16, 1925, that I last saw her alive on Dec 15, 1925, and that death occurred, on the date stated above, at 12 20 a m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) — yrs. — mos 11 ds.

CONTRIBUTORY (Secondary) Chron. valvular heart disease

(duration) several yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Dr Chas Deetjen, M. D.

Dec 16, 1925 (Address) 1702 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: GREEN MOUNT CEMETERY — DATE OF BURIAL: Dec-18-25

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04715

CERTIFICATE OF DEATH.

16 001 E 04715

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 S. Washington St ST., 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elezabeth Regina. Szymborska

(a) RESIDENCE No. 303 S. Washington St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 18 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER John . Szymborski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Mary. Przyborowska

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mr. John . Szymborski
(Address) 303 S. Washington Street

Filed DEC 18 1925 WILLIAM R. KRAUER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1925

17 I HEREBY CERTIFY, that I attended deceased from Dec 15, 1925, to Dec 17, 1925, that I last saw her alive on Dec 16, 1925, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J Rupanek, M. D.

(Address) 1801 Kelworth

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: Dec 18 1925

20 UNDERTAKER: John McWeber ADDRESS: 1803 Banks

Spec.—1-12-23—M&T—500 Blks.

E 04716

HEALTH DEPARTMENT—CITY OF BALTIMORE

45

E 04716

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 19-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Eliza Sacks

(a) RESIDENCE NO. 313 S. Calhoun ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fenal	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hodor

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (daughter) Mrs Mary Houck (Address) 313 S. Calhoun St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16 1925

17

I HEREBY CERTIFY, That I attended deceased from 10-31, 1925, to 12-16, 1925, that I last saw her alive on 12-16, 1925, and that death occurred, on the date stated above, at 7.40 — 9 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 11-3-25

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) J Gerald Howell, M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon PK

DATE OF BURIAL Dec 19th 1925

20 UNDERTAKER A. Jones

ADDRESS 1112 Gilmor St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04717

CERTIFICATE OF DEATH.

74-001
E 04717

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Mc Elderry ST., 7-1 WARD)

2-FULL NAME Charles F. Bodenburg

(a) RESIDENCE No. 1625 Mc Elderry ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Divorced

5a If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Divorced.

6 DATE OF BIRTH (month, day, and year) Mar 20 - 1857

7 AGE: Years 68 + 57; Months 8 March; Days 16 28

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sales 040

(b) General nature of industry, business, or establishment in which employed (or employer): Rolling Mills

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Chas F Bodenburg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Wilhemena Winter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Herbert Bodenburg
(Address) Nicholson & Stemmers runs

15 Filed DEC 12 1925, ROBERT R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16/25 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1925, to Dec 16, 1925, that I last saw h~~im~~ live on Dec 16, 1925, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Coma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Paralysis

(Signed) Chas F Gage, M. D.

12/16/25 19 (Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Dec 19 1925

20 UNDERTAKER: John Merrick

ADDRESS: 2008 Aliceanna

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04713 44 E 04713

CERTIFICATE OF DEATH

Registered No.....

1-PLACE OF DEATH Baltimore City Hospitals

City of BALTIMORE: (No.) Bay View Asylum St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William R. Bamburger

(a) Residence No. 1119 North Asgurth Street St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 18 1857.

7-AGE. 68 yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). Baltimore (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, ? Robert Bomburger

11-BIRTHPLACE OF FATHER (city or town). ? (State or Country),

12-MAIDEN NAME OF MOTHER, Frances Jones

13-BIRTHPLACE OF MOTHER (city or town). ? (State or Country),

11- (Informant) Baltimore City Hospitals Records

Address.....

15- Filed DEC 18 1925 ROBERT R. KRAUTE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-16-25

17- I HEREBY CERTIFY, That I attended deceased from 12-14-25 19..... to 12-16- 1925, that I last saw him alive on 12-16- 19 25, and that death occurred, on the date stated above, at. 5.35 P. m.

The CAUSE OF DEATH* was as follows:

Probable Carcinoma of Stomach

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (Duration) ....yrs. ....mos. 4 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What tests confirmed diagnosis? Clinical & Lab Tests

(Signed) Jno. A. Kemp, M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Dec 21 1925

20-UNDERTAKER. Gerken & Sirkler

ADDRESS 1739 E. Eager

31

Spec.—1-12-23—M&T—500 Bks.

(Clara R. Wright)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04719 — 12-002 — 12 E 04719

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Hospital — REGISTERED NO. .....

CITY OF BALTIMORE: (NO. ..... ST. 20-5 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. George E. Wright

(a) RESIDENCE NO. 7 W. Pennsylvania ave ST. ..... WARD .....

(Usual place of abode) Towson Md. (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of George E. Wright

6 DATE OF BIRTH (month, day, and year) Feb 10, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	57	10 9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co., Md.

PARENTS

10 NAME OF FATHER John Bayne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md.

12 MAIDEN NAME OF MOTHER Belinda Fuller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md.

14 Informant Mary E. Bayne (Address) Towson, md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1925 to Dec. 17, 1925 that I last saw her alive on Dec. 17, 1925 and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver (Atrophic)

(duration) ? yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Dec. 16, '25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Geo. D. Lilly, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill — DATE OF BURIAL Dec 20 19 25

20 UNDERTAKER J. Fred Burns Sons — ADDRESS Towson

RECEIVED DEC 19 1925 ROBERT R. KRAUTER, Registrar of Vital Statistics

Spec.—1-10-21—M&T—1500 Blks.

E 04720 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 04720

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 N. Catherine ST. 70-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna B McGonigle

(a) RESIDENCE NO. 31 N. Catherine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter J. McGonigle

6 DATE OF BIRTH (month, day, and year) Dec 3 1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
65		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John Batchesky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Plaude

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Albert McGonigle

(Address) 31 N. Catherine St

15 Filed DEC 18 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1925, to Dec 16, 1925, that I last saw her alive on Dec 16, 1925, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab

(Signed) M L Stifler, M. D.

12/17 1925 (Address) 1819 Liffler

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Trinity Cem. DATE OF BURIAL 12/21 1925

20 UNDERTAKER L. Few McCarthy ADDRESS 130 E. Fay

THIS IS VERY Important: Be sure to write plainly

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04721 | CERTIFICATE OF DEATH. | 161-001 E 04721

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4 & Belair Rd (St.) 27-14 (Ward)

2-FULL NAME Baby Salisbury

(a) RESIDENCE NO. 4 & Belair Rd (St.) ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	—	—	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Geo. L. Salisbury

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary G. Appold

13 BIRTHPLACE OF MOTHER (city or town) York Pa.
(State or country)

14 Informant B. F. Appold
(Address) Hamilton Ave & Belair Rd.

15 Filed ..... 19.... Registrar

ROBERT R. KRAUTER, Registrar of Records

DEC 19 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1925 to Dec 17, 1925; that I last saw him alive on Dec 17, 1925; and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth
6 Mo Gestation

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) J. E. Remer, M. D.

Dec 17 1925 (Address) 1301 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hampstead Md. | DATE OF BURIAL Dec. 18 1925

20 UNDERTAKER Richard F. Curley. | ADDRESS Baltimore Md

Spec.—1-10-21—M&T—1500 Blks.

04722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

100 E 04722

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Ruxsade Ave 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen B. Fleming

(a) RESIDENCE NO. 1428 Ruxsade Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mich Fleming

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 52 | Months — | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hswk 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Oakland Md

PARENTS

10 NAME OF FATHER: Mich Faherty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: [illegible] Grant

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Garland

14 Informant: Mrs. Fleming

(Address): 1428 Ruxsade

15 Filed DEC 19 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12. 16. 1925.

17 I HEREBY CERTIFY, That I attended deceased from 11. 1. 1925 to 12. 16. 1925

that I last saw her alive on 12. 16. 1925.

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Psychasthenia

Exposure (duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) J. Edward Norris M. D.

12-17-1926 (Address) 107 East West st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Md DATE OF BURIAL 12/19 1925

20 UNDERTAKER: J. F. Faherty & Son ADDRESS 13 N Liberty St

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04723

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 04723

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. ..... St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Joseph Stephens

(a) Residence No. 11 A E Pratt St St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unkn. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1856

7-AGE, 69 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... (State or Country), France

PARENTS.

10-NAME OF FATHER, Joseph Stephens

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), France

12-MAIDEN NAME OF MOTHER, Josephine Stamp

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), France

14- (Informant) Baltimore City Hospitals

(Address) Records

15- Filed ..... 192 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec. 15, 1925

17- I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to Dec. 15 19 25

that I last saw h[illegible]ive on Dec. 15 19 25

and that death occurred, on the date stated above, at 3:50P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial failure

(Duration) ..... yrs. ..... mos. 7 ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

12/17 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Sacred Heart	12/19 19 25

20-UNDERTAKER.	ADDRESS
James A. Kibble	1318 Light St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04724 38 E 04724

CERTIFICATE OF DEATH.

E 04724

Registered No. 18-1

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm McDowell

(a) Residence No. 819 W. Franklin St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. colored

5-Single, Married, Widowed, or Divorced, (Write the word.) widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1862

7-AGE. 43 yrs. 5 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... (State or Country), S.C.

PARENTS.

10-NAME OF FATHER, Robert McDowell

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), S.C.

12-MAIDEN NAME OF MOTHER, Phillis ?

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), S.C.

14- (Informant) Baltimore City Hospitals Records

(Address) .....

15- Filed ..... 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 16, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 20 1925 to Dec. 16 1925

that I last saw h~~im~~ alive on Dec. 16 1925

and that death occurred, on the date stated above, at 11:40 a.m.

The CAUSE OF DEATH* was as follows:

Syphilitic aortitis

Chronic myocarditis

(Duration) 2 (history) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial failure

(Duration) ..... yrs. Seven ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

12/17 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. 12/19/1925

20-UNDERTAKER. Daniel Easton

ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

E 04725

E 04725

HEALTH DEPARTMENT—CITY OF BALTIMORE

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Emma

(a) RESIDENCE NO. 1509 Mosher ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE: Years 53; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Mandy Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Charles A. Wright

(Address)

15 Filed ..... 19.... Registrar

DEC 18 1925 ROBERT R. KRAUTER, Health Commissioner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/15, 1925, to 12/17, 1925, that I last saw her alive on 12/17, 1925, and that death occurred, on the date stated above, at 12 30 a m.

The CAUSE OF DEATH* was as follows:

(a) Cerebro spinal Syphilis

(Duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Lab. Autopsy

(Signed) Conrad R Jessen, M. D.

(Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 12/19/1925

20 UNDERTAKER David Easton — ADDRESS 94 ave

ATION IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 04726 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

90 E 04726

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1544 West ST., 24-2 (WARD)

2-FULL NAME Augusta Denton

(a) RESIDENCE NO. 1544 West ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Denton

6 DATE OF BIRTH (month, day, and year) 1863.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) ood

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Geo Stemler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John H Stemler
(Address) 1544 West St

15 Filed DEC 18 1925 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12.17 1925

17 I HEREBY CERTIFY, That I attended deceased from 12.10 1925 to 12.17 1925.

that I last saw her alive on 12.16 1925.

and that death occurred, on the date stated above, at 12.20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valv Heart Dis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) one week yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) D Darlington M. D.

12/18 1925 (Address) 102 E Fortan

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Can — DATE OF BURIAL Dec 21 1925

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

E 04727

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04727

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1916 Walbrook Ave St. 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Carrie R Burgess

(Residence in Baltimore: No. 1916 Walbrook Ave St.; yrs. 70 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	W

6-DATE OF BIRTH. Nov (Month) (Day) 1855 (Year)

7-AGE. 70 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Lewis H Williams

11-BIRTHPLACE OF FATHER, (State or Country). Wales

12-MAIDEN NAME OF MOTHER. Hannah Evans

13-BIRTHPLACE OF MOTHER, (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David E Williams

(Address) 1939 N Mulberry

15-

Filed ..... 192.. .....

Registrar.

DEC 10 1925 HERBERT S. KRAUTER, Registrar of Vital Statistics

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 15 (Month) (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) automobile accident

(Duration) yrs. mos. ds.

(Signed) J. T. Kennedy M. D.
(Coroner.)

Dec 16, 1925 (Address) 2802 Monument Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Druid Ridge	Dec. 18 1925
20-UNDERTAKER.	ADDRESS
H W Poulson	2238 N Monta

Spec.—1-10-21—M&T—1500 Bks.

E 04728

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-092 E 04728

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE (NO. 3 York St. ST. 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Stefanek

(a) RESIDENCE NO. 3 York St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER Oscar Stefanek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER ? ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 16 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1925, to Dec. 16, 1925, that I last saw h alive on Dec. 16, 1925, and that death occurred, on the date stated above, at 4:15 a.m.

The CAUSE OF DEATH* was as follows:

Influenza Meningitis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture

(Signed) Thos W. Cornwall M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetary

DATE OF BURIAL 12/18 1925

20 UNDERTAKER Chas B. Kachanosky

ADDRESS 637 S Paca St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04729 E 04729

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1545 Argyle Ave. St., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Johnson

(a) RESIDENCE NO. 1545 Argyle Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Samuel Johnson

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE Years 55 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rachel Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Robt. Lockley

(Address) 1545 Argyle Ave.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1925, to Dec. 15, 1925,

that I last saw her alive on Dec. 13, 1925

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. T. Carr, M. D.

Dec 18 1925 (Address) 515 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cem.

DATE OF BURIAL 12/18/25

20 UNDERTAKER Samuel Bowles

ADDRESS 598 E. Baltimore St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04730 179 E 04730

CERTIFICATE OF DEATH.

E 04730

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1231 S. Clinton ST., 16-8 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Jacob

(a) RESIDENCE NO. 1231 S. Clinton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Jacob.

6 DATE OF BIRTH (month, day, and year) Sept 14 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	3 2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None worked

(b) General nature of industry, business, or establishment in which employed (or employer) at home 027

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Sebastian Bessel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Madeline Ach

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Estella Newberry

(Address) 1231 S. Clinton St

15 Filed DEC 18 1925 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 F+R's Burns over 2/3 of body accident, while standing with her back to stove drying her clothes (duration) ..... yrs. ..... mos 0 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton, M. D.

(Coroner.)

Dec 17. 1925 (Address) 700 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. Dec

DATE OF BURIAL 18th 1925

20 UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

E 04731 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04731

40

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 10-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Johnson

(a) RESIDENCE NO. 1229 E Madison St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND) of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	9/11	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Jesse Johnson

11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)

12 MAIDEN NAME OF MOTHER Rosie Maddox

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Mrs. Henry Johnson
(Address) 1229 E Madison St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1925, to Dec 17, 1925, that I last saw him alive on Dec 17, 1925, and that death occurred, on the date stated above, at 9 45 p m.

The CAUSE OF DEATH* was as follows:

Prematurity
(Delivered at 7 months gestation - weight 3½ lbs)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gonorheal Ophthalmia
(duration) ..... yrs. ..... mos. 30 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Positive Smear

(Signed) Myron G. Tull, M. D.

12/18, 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL .....

20 UNDERTAKER — ADDRESS .....

JOHNS HOPKINS HOSPITAL

DEC 18 1925 ROBERT R. KRAMER, Clerk, Board of Commissioner Health. DEC 18 1925

664

Spec.—1-10-21—M&T—1500 Bks.

E 04732

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04732

CERTIFICATE OF DEATH.

74-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1829 N. Regester ST., 8-2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Schmidt

(a) RESIDENCE NO. 1829 N. Regester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 Single, Married, Widowed, or ~~Divorced~~, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 10 - 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64		10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brass finisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Nicholas Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Annan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John Schmidt 2431 E Federal st

15 Filed DEC 18 1925 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1925, to Dec 17 1925, that I last saw him alive on Dec 16 1925, and that death occurred, on the date stated above, at 5 30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) D J Gibson, M. D.

(Address) 6222 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cemty DATE OF BURIAL. Dec 19 1925

20 UNDERTAKER Robt J Turner & Son ADDRESS 1642 N Broadway

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04733

CERTIFICATE OF DEATH.

185 E 04733

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp ST., WARD)

2-FULL NAME Mrs. Mary Fordyce

(a) RESIDENCE NO. 1350 W. North ave SE 13-5 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm Fordyce.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Richard Endsley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant St Agnes Hospto (Address)

15 Filed DEC 18 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-26, 1925, to 12-16, 1925, that I last saw h~~er~~ alive on 12-16, 1925, and that death occurred, on the date stated above, at 10.10 P. m.

The CAUSE OF DEATH* was as follows:

Fracture of neck of Left Femur 8-26-25 Accidental fell down steps home (duration) yrs. 3 mos 20 ds.

CONTRIBUTORY (Secondary) Cardiac Failure and Arteriosclerosis (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No —

What test confirmed diagnosis? X Ray —.

(Signed) Fera Howard, M. D.

, 19 (Address) St. Agnes Hosp — .

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Dec 19 1925

20 UNDERTAKER Quarton Fahey

ADDRESS 1827 North ave

Spec.—1-10-21—M&T—1500 Blks.

E 04734

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04734

CERTIFICATE OF DEATH.

47 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2002 Mt Royal Terrace WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Stewart Kerr

(a) RESIDENCE No. 2002 Mt Royal Terrace ST. 13-6 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew S. Kerr.

6 DATE OF BIRTH (month, day, and year): Apr. 17. 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Phila Pa

PARENTS

10 NAME OF FATHER: John Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Maria Peddle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Mrs. Lee Bolton (Address) 2120 Mt Royal Terrace

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17. 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1925, to Dec 17, 1925,

that I last saw her alive on Dec 17, 1925,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Breast. a

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) John S Kerr Jr., M. D.

Dec 19 1925 (Address) Towson, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Dec 19. 1925

20 UNDERTAKER: John O. Mitchell

ADDRESS: 120 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 04735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04735

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH " "

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 2615 Lehman ST. 20-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelm H Kehrmann

(a) RESIDENCE NO. 2615 Lehman ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kehrmann

6 DATE OF BIRTH (month, day, and year) 13 Feb 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Cockran Hill Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna Rehrmann
(Address) 2615 Lehman St.

15 Filed 8 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 16 Dec 1925

17 I HEREBY CERTIFY, That I attended deceased from 20 August, 1925, to 16 Dec, 1925, that I last saw h[illegible] alive on 10 Dec, 1925, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis or
Cardio-vascular-Renal disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. 3 wks mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis etc

(Signed) Z. Vance Draper, M. D.

12/16, 1925 (Address) 2360 Fox & Eden Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Dec. 17, 1925

20 UNDERTAKER C. W. Dill. ADDRESS 3109 Fredk. Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 04736

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04736

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 531 N Kenwood Ave (St.) (WARD) 7-3

2-FULL NAME Louisa C Wehrhahn

(a) RESIDENCE NO. 531 N Kenwood Ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank H Wehrhahn

6 DATE OF BIRTH (month, day, and year): Sept 27 1881

7 AGE: Years 44 Months 2 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John Valentine

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Annie Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mr Frank H Wehrhahn

(Address) 531 N Kenwood Ave

15 Filed 18 1925 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1925, to Dec 17, 1925, that I last saw her alive on Dec 17, 1925 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 2 mos 1½ ds.

CONTRIBUTORY (Secondary) Mitral Regurg aortic Stenosis (duration) yrs. 2 mos. 16 ds.

18 Where was disease contracted if not at place of death? 531 Kenwood ave

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wescott Horn, M. D.

, 19 (Address) 2808 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Dec 19 1925

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04737 E 04737 X 145-003

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Greenwood Clark

(a) Residence No. Harman Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Gilbert Hall Clark

6-DATE OF BIRTH (month, day and year) June 23, 1901

7-AGE, 24 yrs. 5 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) Ann Arundel Co. (State or Country), md.

PARENTS.

10-NAME OF FATHER, Charles Greenberry Pumphrey

11-BIRTHPLACE OF FATHER (city or town) Bamfield (State or Country), md.

12-MAIDEN NAME OF MOTHER, Elva Rebecca Franklin

13-BIRTHPLACE OF MOTHER (city or town) Glenburnie (State or Country), md.

14- (Informant) Gilbert Hall Clark

(Address) Harman, Md.

15- Filed ..... 192..... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 9th 1925 to Dec. 18th 1925 that I last saw her alive on Dec. 18th 1925 and that death occurred, on the date stated above, at 4.20 A.m.

The CAUSE OF DEATH* was as follows:

Post operative shock.

Operation: Podalic version and breech extraction

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritic toxaemia

unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec. 18, 1925

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination.

(Signed) Frederick A. Snyder M. D.

Dec 18 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Friendship Cem. A.A.C. DATE OF BURIAL, Dec 20, 1925

20-UNDERTAKER, Wm Fickus & Sons ADDRESS North & Pa

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04738

E 04738

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 W Randall ST. 23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida W. Mudd

(a) RESIDENCE. No. 12 W. Randall ST. 23 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leo A. Mudd

6 DATE OF BIRTH (month, day, and year) Oct. 11 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bolto (State or country) Md

PARENTS

10 NAME OF FATHER William Rollins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Doy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Herbert K. Mudd
(Address) 4333 Westminster Pl St Louis, Mo

15 Filed DEC 18 1925 H. A. Mc Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1925, to Dec 17, 1925, that I last saw h[illegible] alive on Dec 17, 1925, and that death occurred, on the date stated above, at 10.30P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. P. Eberhart M. D.

, 19 (Address) 1412 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Dec 19 1925
20 UNDERTAKER	ADDRESS
H. J. Tschan & Son	Eutaw & Lafayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04739 129 E 04739

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Hamilton

(a) RESIDENCE NO. Mt Hope Retreat ST. 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 0 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Hamilton

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Abt	73	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Painting 0 50

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Md.

15 Filed ..... 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18th 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr 22, 1920, to Dec 18th, 1925, that I last saw him alive on Dec 17th, 1925, and that death occurred, on the date stated above, at 12-30 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Brights Disease

3 or 4 yrs (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis

Org (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Flannery, M. D.

Dec 18th, 1925 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Dec 19 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS 108 W. NORTH AVE

DEC 18 1925

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Blks.

E 04740

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04740

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 423 E. 24th St. (Ward) 17-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Lewis

(a) RESIDENCE NO. 423 E. 24th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER James Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Nancy Brice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs R.A. Elliott

(Address) 1726 Ashland Ave

15 Filed DEC 18 1925 Robert F. Barrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16/25 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1925, to Dec 16, 1925

that I last saw him alive on Dec 16, 1925

and that death occurred on the date stated above, at 10:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pericarditis

(duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Microscopic Examination

(Signed) R. Garland Cartwright M. D.

Dec 17, 1925 (Address) 1514 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-	DATE OF BURIAL
Greenlawn Cem	12/18/25 19
UNDERTAKER	ADDRESS
Mrs R.A. Elliott	1726 Ashland Ave

FROM is very important. See instructions on reverse side.

Spec.—1-10-21—M&T—1500 Bks.

E 04741

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04741

CERTIFICATE OF DEATH.

179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 Wilkens Ave ST. 10-E WARD)

2-FULL NAME John A. Beckenfeld

(a) RESIDENCE NO. 1021 Wilkens Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Vanderripe

6 DATE OF BIRTH (month, day, and year) Nov. 30 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	17	

8 OCCUPATION OF DECEASED Retired

(a) Trade, profession or particular kind of work Paper Box Mfg.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Phila. Pa.

9 BIRTHPLACE (city or town) Phila (State or country) Penn.

PARENTS

10 NAME OF FATHER Andrew Beckenfeld

11 BIRTHPLACE OF FATHER (city or town) Phila (State or country) Penn

12 MAIDEN NAME OF MOTHER Elizabeth Eck

13 BIRTHPLACE OF MOTHER (city or town) Pittsburg (State or country)

14 Informant (Address) John Beckenfeld 1021 Wilkens Ave

15 Filed DEC 18 1925, 19 Robert F. Duffield, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to Dec 17, 1925, that I last saw him alive on Dec 16, 1925, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Rheumatism

Chronic Parenchymatous Nephritis,

Hypertension; Arterio Sclerosis

(duration) yrs. 5 mos 17 ds.

CONTRIBUTORY (Secondary) Medical Regulation

(duration) yrs. 5 mos. 17 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos. F. Stevens, M. D.

12/18, 1925 (Address) 2878 Stafford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Phila Penn. DATE OF BURIAL Dec 21 1925

20 UNDERTAKER Elmer W Conklin ADDRESS 924 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04742 E 04742

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3607 Liberty Heights St. (Ward) 15

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Harry Davis

(a) RESIDENCE NO. 3607 Liberty Heights St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7, 1872

7 AGE Years 53 Months 9 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Robert H. Davis

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Annie J. Pratt

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mrs. Annie J. Davis (Address) 3607 Liberty Heights

15 Filed Dec 18, 1925 Robert F. Faulkner, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17. 1925.

17 I HEREBY CERTIFY, That I attended deceased from Dec 15. -, 1925, to Dec 17. 1925, that I last saw him alive on Dec 17. 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

acute dilatation of the heart

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Leon Hemmeter, M. D.

12/18, 1925 (Address) 7002 Harrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec. 19 1925

20 UNDERTAKER Geo. H. Tuttle

ADDRESS 2755 Edmondson Ave

Spec.—1-12-23—M&T—500 Blks.

(Gattis)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04743

E 04743

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Y ST. 22-2 WARD)

2-FULL NAME Alice Gattis

(a) RESIDENCE NO. 703 Y ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Gattis

6 DATE OF BIRTH (month, day, and year) — 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer) Days work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Frances Gattis

(Address) 703 Y alley

15 Filed 8 1925 Robert T. Morrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/15, 1925, to 12/17, 1925, that I last saw h[illegible] alive on 12/17 1925, and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Broncho Pneumonia

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr Franklin, M. D.

12/18, 1925 (Address) 122 N. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL Dec 19, 1925

20 UNDERTAKER John H. Loadin

ADDRESS 1027 Druid Hill ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04744

CERTIFICATE OF DEATH.

117 E 04744

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp — ST. 16-6 WARD)

2-FULL NAME Lenore Gessler

(a) RESIDENCE NO. 1022 W. Lafayette Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 6-1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Robert Gessler

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Sophia Hortsman

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Sophie A Gessler
(Address) 1022 W Lafayette

15 Filed 18 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-17, 1925, to 12-18, 1925,

that I last saw her alive on 12-18, 1925,

and that death occurred, on the date stated above, at 4.26 a m.

The CAUSE OF DEATH* was as follows:

Appendicitis
(Ruptured)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Diffuse peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-17-25 3 P.M.

Was there an autopsy? No —

What test confirmed diagnosis? Clinical Diag and operation.

(Signed) Gerald Stowell, M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 12/21 1925

20 UNDERTAKER W M Cook — ADDRESS 502 N North

Cor.—1-12-25—M&T—100 Bks.

E 04745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 04745

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 Willow St ST. 10-W WARD)

2-FULL NAME Conrad Wilmer

(a) RESIDENCE NO. 839 Willow St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Wilmer

6 DATE OF BIRTH (month, day, and year) 6-22-1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	5	24	

8 OCCUPATION OF DECEASED
(a) Trade, professton or particular kind of work Junk Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer self

9 BIRTHPLACE (city or town) ..... (State or country) Maryland

PARENTS

10 NAME OF FATHER Conrad Wilmer

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Edith Wilmer
(Address) 839 Willow St

15 Filed 12-19-1925, 192 Robert P. Carrick, Registrar.
Burial Permit issued.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Chr. Myocarditis

(Complained of angina pectoris before death) (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

(Signed) J S H Collins, M. D.
(Coroner.)

12-17-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL 12/19 1925

20 UNDERTAKER Wm Corn — ADDRESS 502 E York St

E 04746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04746

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C 1244 1925

City of BALTIMORE: (No. Colonial House Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethleen Rodeffer

(Residence in Baltimore: No. 1418 East 31st St. St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): married

6-DATE OF BIRTH: January 1 1899 (Month) (Day) (Year)

7-AGE: 26 yrs. 6 mos. 16 dys. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of Industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country): W. Va.

PARENTS.

10-NAME OF FATHER: J. H. Ennis

11-BIRTHPLACE OF FATHER, (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Catherine Hess

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Cockrill

(Address) 501 E. 21st St.

15-

Filed ..... 192.....

Robert P. Garrison, Registrar.

Burial Permit Clerk

DEC 18 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 15, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Self induced abortion

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. F. Hennessy M. D. (Coroner.)

Dec. 15 1925 (Address) 2102 E. Fayette, av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Charles Town W Va — DATE OF BURIAL, Dec 19th 1925

20-UNDERTAKER, Wm Book — ADDRESS 502 E Noill ave

Srec—12-23-21—E.B.R.S.—400 Bks.

E 04747 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04747

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 5516 Wimbledon St., 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Margaret Bell

(a) Residence No. 5516 Wimbledon St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Bell

6-DATE OF BIRTH (month, day and year) Dec. 18, 1862

7-AGE.	If LESS than 1 day,
62 yrs. 11 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 37
(c) Name of employer.....

9-BIRTHPLACE (city or town)... Ireland
(State or Country),

PARENTS.

10-NAME OF FATHER, Frank Patterson

11-BIRTHPLACE OF FATHER (city or town)... Ireland
(State or Country),

12-MAIDEN NAME OF MOTHER, Isabell Hazelett

13-BIRTHPLACE OF MOTHER (city or town)... Ireland
(State or Country),

14- (Informant) Mrs. Bell
(Address) 5516 Wimbledon Ave.

15- Filed ..... Robert P. Harrison Registrar.

JAN 8 1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1925 to Dec. 17, 1925 that I last saw h. alive on Dec. 16, 1925 and that death occurred, on the date stated above, at 1.40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage 2 days
(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of .....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) H. C. Pettetavin M. D.

, 19 (Address) 817 Huntington Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Dec. 19, 1925

20-UNDERTAKER, H. C. Friedfeld ADDRESS 9 E. Preston St.

Spec—12-23-21—E.B.R.S.—400 Bks. (Hinke)

E 04748

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04748

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 37

City of BALTIMORE: (No. 508 N. Belnord Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Stanley Hinke

(a) Residence No. 508 N Belnord St. Ward

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male.	White	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 8/1919

7-AGE. 6 yrs. 4 mos. 10 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School-boy

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore (State or Country). Md

PARENTS.

10-NAME OF FATHER. Joseph R. Hinke

11-BIRTHPLACE OF FATHER (city or town). Baltimore (State or Country). Md

12-MAIDEN NAME OF MOTHER. Matilda Pauber

13-BIRTHPLACE OF MOTHER (city or town). Baltimore (State or Country). Md

14- (Informant) Joseph R. Hinke (Address) 508 N. Belnord Ave

15- Filed 19 Robert F. Harrison Registrar.

19 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 18/25

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 25 to Dec 18 25

that I last saw h[illegible] alive on Dec 18 19 25

and that death occurred, on the date stated above, at 1300 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia following Measles.

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilat[illegible]

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. [illegible] J. Ryswick M.D.

(Address) 881 [illegible]

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Ca. DATE OF BURIAL, Dec 19 25

20-UNDERTAKER. Jas. E. Swilley Sr. ADDRESS 2334 Jeffer[illegible]

Cor.—1-12-23—M&T—100 Bks.

E 04749

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04749

CERTIFICATE OF DEATH.

182

1-PLACE OF DEATH Pronounced dead 5-1

REGISTERED NO.

CITY OF BALTIMORE: (No. St Josephs Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Callahan

(a) RESIDENCE NO. Lemming House ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Last	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Fish wagon

9 BIRTHPLACE (city or town) Salt City
(State or country)

PARENTS

10 NAME OF FATHER John Callahan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Reilly

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Theresa Creighton
(Address) 2102 Boone St

15 Dec 9 1925 Robert P. Garrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
He walked over mill pond
near Fawn St

(duration) Instant yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Ensor, M. D.
(Coroner)

Dec 16, 1925 (Address) Took Charge

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cem	Dec 20 1925
20 UNDERTAKER W. M. Cook	ADDRESS 502 E Chase

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04750

E 04750

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 810 Ostend (ST.) 21-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Sims

(a) RESIDENCE NO. 810 Ostend ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 16 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Frank Sims

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Willie M Dawn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

14 Informant Frank Sims

(Address) 810 Ostend St

15 Filed ... 19... Robert E. Harrison, Registrar

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 16, 1925, to Dec 17, 1925

that I last saw him alive on Dec 16, 1925

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. N. Watcher, M. D.

12/18/1925 (Address) 1110 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Grant — DATE OF BURIAL Dec 19 1925

20 UNDERTAKER L. W. Brown & Son — ADDRESS 108 N Mtd St

Spec.—1-10-21—M&T—1500 Bks.

E 04751

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04751

161-00

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST. 27-6 WARD)

2-FULL NAME Baby Holloway

(a) RESIDENCE NO. 14 Hillside Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 18-1925

7 AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or 35 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. E. Holloway

11 BIRTHPLACE OF FATHER (city or town) Philadelphia
(State or country) Penn.

12 MAIDEN NAME OF MOTHER Regina Cannon

13 BIRTHPLACE OF MOTHER (city or town) Wilkesbarre
(State or country) Penn.

14 Informant Mr. Wm. E. Holloway
(Address) 14 Hillside Road, Roland Park.

15 Filed 9 1925, 19 ..... Registrar Robert P. Harrison.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1925, to Dec 18, 1925, that I last saw him alive on Dec 18, 1925, and that death occurred, on the date stated above, at 8:35 P. m.

The CAUSE OF DEATH* was as follows:

Premature Delivery

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hydramnios x Toxaemia of Mother

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Chas. W. Dorsey Jr., M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Dec 19 1925

20 UNDERTAKER John O. Mitchell — ADDRESS 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Blks.

E 04752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04752

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 27-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Holloway

(a) RESIDENCE NO. ——— ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) Dec. 16 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ¼ hrs. or 45 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ———

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. E. Holloway

11 BIRTHPLACE OF FATHER (city or town) Philadelphia (State or country) Penn.

12 MAIDEN NAME OF MOTHER Regina Cannon

13 BIRTHPLACE OF MOTHER (city or town) Wilkesbarre (State or country) Penn

14 Informant Wm E Holloway

(Address) 14 Hillside Road-Roland Park.

15 Filed 1925, 19 Robert F. Martin, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1925, to Dec. 16, 1925,

that I last saw her alive on Dec. 16, 1925,

and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:

Premature Delivery

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis Toxaemia of Mother

(duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? ——— Date of ———

Was there an autopsy? ———

What test confirmed diagnosis? Clinical

(Signed) Chas. W. Dorsey Jr. M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral (Dec. 19 1925	
20 UNDERTAKER	ADDRESS
John A. Hitchcock	201 W. Lafayette

Burial Permit

Spec.—1-10-21—M&T—1500 Bks.

E 04753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 04753

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST. 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Eg. Gardner.

(a) RESIDENCE NO. 3359- Chestnut Ave. Hampden, ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. William Gardner.

6 DATE OF BIRTH (month, day, and year) Feb. 1, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) U (State or country) Md.

PARENTS

10 NAME OF FATHER George Redion.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Husband. (Address) 3359- Chestnut St.

15 Filed DEC 19 1925, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1925, to Dec. 18, 1925, that I last saw her alive on Dec. 18, 1925, and that death occurred, on the date stated above, at 8:23 A m.

The CAUSE OF DEATH* was as follows:

Angina pectoris.

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Dec. 4, 1925

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) H. N. Koch. M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Reisterstown Md	Dec 21 1925

20 UNDERTAKER Chenoweth & Son ADDRESS 917 Cathedral St.

Spec.—1-10-21—M&T—1500 Bks.

E 04754 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 1001 E 04754

CERTIFICATE OF DEATH.

16-24

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Little Sisters of Poor ST., 16 WARD)

2-FULL NAME Edward Alexander

(a) RESIDENCE NO. Preston Davey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Alexander

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Andrew Alexander

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Anna Oliviana

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Sister Florence
(Address) Preston & Davey

15 Dec 19 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 10 1925 to Dec 16 1925

that I last saw him alive on Dec 14, 1925,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

1 Week (duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. A. Warner, M. D.

Dec 17, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL Dec 19 1925

20 UNDERTAKER Chenowith & Son — ADDRESS 3617 Chestnut Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04755 E 04755

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3447 Ash ST. 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Martin

(a) RESIDENCE. No. 3447 Ash, ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Martin

6 DATE OF BIRTH (month, day, and year) Oct 24, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) Millbollow (State or country) Carroll Co., Maryland

PARENTS

10 NAME OF FATHER Roger Galvin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Crockett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Katherine Galvin (Address) 3447 Ash St.

15 Filed ..... 19 ..... Registrar

19 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1920, to Dec 17, 1925, that I last saw her alive on Dec 15, 1925, and that death occurred, on the date stated above, at 5.20 A m.

The CAUSE OF DEATH* was as follows:

Ch. valvular heart disease.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.

12/17 1925 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Md	Dec 19 1925
20 UNDERTAKER	ADDRESS
Chenoweth & Son	3417 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

E 04756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04756

CERTIFICATE OF DEATH.

REGISTERED NO. 76

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 N. Eden ST., 9-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Rosendale

(a) RESIDENCE NO. 1321 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher Rosendale

6 DATE OF BIRTH (month, day, and year) Jan. 23 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	73	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER John Rosener

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Mrs. Roth

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs. Robinson

(Address) 1321 N Eden St

15 Filed Dec 21 1925 Robert B. Morrison Registrar

Burial Permit Clerk

9 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925 to Dec 18, 1925, that I last saw her alive on Dec 18, 1925 and that death occurred, on the date stated above, at 2:10 P m.

The CAUSE OF DEATH* was as follows:

Paresis (non specific)

over

(duration) yrs. 3 mos 18 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? T

(Signed) J. Lee Tagnesi M. D.

12/18, 1925 (Address) 1206 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Dec 21 1925

20 UNDERTAKER Henry Hoerle Son ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 04757 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04757

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1629 Vincent St ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Butler

(a) RESIDENCE NO. 1629 Vincent St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Butler

6 DATE OF BIRTH (month, day, and year) 9-7-1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. County Md.

PARENTS

10 NAME OF FATHER David Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Howard Butler

(Address) 1629 Vincent St

15 Filed 9 1925, 19 Robert T. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18-1920

17 I HEREBY CERTIFY, That I attended deceased from 12-16-, 19 20, to 12-18, 19 20,

that I last saw h alive on 12-18-, 19 20,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows: Chronic Bright's Disease

Personal Knowledge — 6 wks.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) George C Page M. D.

12-21, 19 (Address) 1618 N. Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Dec 21, 19

20 UNDERTAKER Tom Marston — ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04758

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04758

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 18-131

City of BALTIMORE: (No. 222 N. Schroeder St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Francis Simms

(a) Residence No. 222 N. Schroeder St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Simms

6-DATE OF BIRTH (month, day and year) 3-25-1900

7-AGE, 25 yrs. 8 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Isaac Woodyard

11-BIRTHPLACE OF FATHER (city or town) Frederick Co. (State or Country),

12-MAIDEN NAME OF MOTHER, Jane Hill

13-BIRTHPLACE OF MOTHER (city or town) Carroll Co. (State or Country),

14- (Informant) Carrie Scott

(Address) 222 N. Schroeder

15- Filed 1925 Robert P. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-15-25

17- I HEREBY CERTIFY, That I attended deceased from 12/5, 1925 to 12/15, 1925, that I last saw h[illegible] alive on 12/12, 1925, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Pleurisy

Duration yrs. 10 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. L. Jackson, M. D.

12/16, 1925 (Address) 808 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Olivet Cem. DATE OF BURIAL, 12/17/25

20-UNDERTAKER. Samuel Bensley ADDRESS 578 W Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

E 04759

HEALTH DEPARTMENT—CITY OF BALTIMORE

04759

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 526 Orchard ST. 17-2 WARD)

2-FULL NAME Willie Hatchett

(a) RESIDENCE No. 526 Orchard ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Irene Hatchett

6 DATE OF BIRTH (month, day, and year): 1896

7 AGE: Years 29; Months; Days; If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Hatchett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Irene Hatchett 2463 McCulloh St

15 Dec 9 1925 Robert E. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/18 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/10 1925 to 12/18 1925

that I last saw h[illegible] alive on 12/18 1925

and that death occurred, on the date stated above, at 7 [illegible] m.

The CAUSE OF DEATH* was as follows:

Phthysis Pulmonalis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Burk Clotts, M. D.

12/18 1925 (Address) 1179 D.A. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 12/19 1925

20 UNDERTAKER: Samuel Hemsley

ADDRESS: 538 N Eutaw St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04760

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1850 w Fayette St.: 19-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Dieffenbach

(a) RESIDENCE. No. 1850 w Fayette ST., ... WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 67e yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Dieffenbach

6 DATE OF BIRTH (month, day, and year) Jan 9 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Henry Stang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Henry J Dieffenbach

(Address) 1850 W Fayette St

15 Filed ... Dec. 19 ... Registrar

19 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 17 1925

17

I HEREBY CERTIFY, That I attended deceased from ~~December~~ 1st, 1925, to Dec 17, 1925, that I last saw h[er] alive on Dec 17, 1925, and that death occurred, on the date stated above, at 4 15 0 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach Pylorus (Clinical)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Dyspepsia Exhaustion

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ben McCleary, M. D.

12/18/25 (Address) 700 W Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 21 1925
20 UNDERTAKER	ADDRESS 1532
George J Smith	Hollins

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04761

CERTIFICATE OF DEATH.

E 04761

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 211 S. Calhoun St., 19-2 WARD) REGISTERED NO. 74-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Cole

(a) RESIDENCE NO. 211 S. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah J Cole

6 DATE OF BIRTH (month, day, and year): Jan 3, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63 Years	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John R. Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary A. Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Wife Sarah J. Cole

(Address) 211 S. Calhoun St.

15 Filed: Robert P. Harrison, Registrar

D 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 30, 19 25, to Dec 17, 19 25, that I last saw h[illegible] alive on Dec 17, 19 25, and that death occurred, on the date stated above, at 11 am m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 1 mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. A. Kelly M. D.

, 19 (Address) 3517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 21 1925

20 UNDERTAKER: George J. Smith

ADDRESS 1532 Hollins St

E 04762

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04762

CERTIFICATE OF DEATH.

4-190

1-PLACE OF DEATH

City of BALTIMORE: (No. 701 N. Lowland St., Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mositis

(Residence in Baltimore: No. 701 N. Lowland St.; yrs. 27 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, ... 1..... (Month) (Day) 1883 (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) 050

9-BIRTHPLACE, (State or Country) Lithuania

PARENTS.

10-NAME OF FATHER, Mike Oselus

11-BIRTHPLACE OF FATHER, (State or Country) Lithuania

12-MAIDEN NAME OF MOTHER, Elizabeth Cleasnut

13-BIRTHPLACE OF MOTHER, (State or Country) Lithuania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Oselus

(Address) 15 Belmar Ave

15- Robert P. Harrison, Registrar.

Filed ..... 192.....

1925 Burial Permit Gi[illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 17, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

2

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. 1 ds.

(Signed) H. C. Blake M. D.
(Coroner.)

Dec 18 1925 (Address) 1423 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Vincent Cemetery DATE OF BURIAL, 12/19 1925

20-UNDERTAKER, Elias B. Kuchenstein ADDRESS, 637 S Paca St.

Spec.—1-10-21—M&T—1500 Blks.

E 04763 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04763

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Union Ave. ST., 13-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Hatten

(a) RESIDENCE NO. 1412 Union Ave. ST., 13 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James P. Hatten

6 DATE OF BIRTH (month, day, and year): Sept. 22-1850

7 AGE — Years: 75 Months: 2 Days: 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Daniel Neubeck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Hirshmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France

14 Informant (Address): Jerome F. Hatten 1412 Union Ave.

15 Filed Dec 19 1925, 19 Robert E. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1925, to Dec. 16, 1925, that I last saw h alive on Dec. 16, 1925, and that death occurred, on the date stated above, at 3.52 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) [illegible], M. D.

Dec 16, 1925 (Address) 842 Chatsworth

*State the Disease Causing Death, or in deaths from: Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Dec 21/1925

UNDERTAKER: Horace H. Burgee — ADDRESS: 3631 Falls Road

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04764 E 04764

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. 13-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1316 Morling Ave ST., 13 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Belchner

(a) RESIDENCE NO. 1316 Morling Ave. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George A. Belchner

6 DATE OF BIRTH (month, day, and year): May-6-1871

7 AGE: 54 Years 53 | Months 7 | Days 12 | If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore City Maryland

PARENTS

10 NAME OF FATHER: Patrick McCarthy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Kerrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: George A. Belchner

(Address): 1316 Morling Ave.

15 9 1925 ..., [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1925, to Dec. 18, 1925, that I last saw h[illegible] alive on Dec. 18, 1925, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) ... yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) ... yrs. 1 mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C Lee Gilchrist, M. D.

12-18, 1925 (Address) 2201 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Dec. 22 1925

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 631 Pall Road

Spec.—1-10-21—M&T—1500 Bks.

E 04765

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04765

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 S. Green St., H-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Trott

(a) RESIDENCE NO. 38 S. Greene St. ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Trott

6 DATE OF BIRTH (month, day, and year) Dec 22 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER Henry Cook

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Mary Harmor

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs. Mary Coop

(Address) 38 S. Greene St.

15 Filed ....., 19 Robert P. Garrison, Registrar

19 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1925, to Dec. 18, 1925, that I last saw her alive on Dec. 18, 1925, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Alcoholic poisoning
Chronic nephritis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Uremic poisoning

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no -

What test confirmed diagnosis?

(Signed) Wm Romy V. Buchanan, M. D.

, 19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL Dec 21 1925

20 UNDERTAKER Margaret J. Flynn — ADDRESS 1422 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 04766

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04766

CERTIFICATE OF DEATH.

49

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 11 W 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Phillip Brady

(a) RESIDENCE NO. 507 E. 22nd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence C. Brady

6 DATE OF BIRTH (month, day, and year) Jan. 6, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Architect 016

(b) General nature of industry, business, or establishment in which employed (or employer) Construction

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward Brady

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Florence C. Sullivan

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
(State or country)

14 Informant Daniel Brady
(Address) 507 E. 22nd St.

15 Filed ....., 19..... Registrar Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18, 1925.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1925, to Dec. 18, 1925.

that I last saw him alive on Dec. 18, 1925,

and that death occurred, on the date stated above, at 8 1/2 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.
Chr. Nephritis.
Carcinoma of Prostate.

(duration) Uncertain mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings.

(Signed) E. M. Rhodes, M. D.

, 19 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 12/31-1925

20 UNDERTAKER Chas. P. Graul & Son — ADDRESS 11 W. Mt. Royal Ave

FROM BOOK

Spec.—1-10-21—M&T—1500 Bks.

E 04767

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04767

CERTIFICATE OF DEATH.

2/

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Loudenair ST., 20-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Jeanette Schrader

(a) RESIDENCE No. 347 S Smallwood ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or WIFE of) H. A. Schrader

6 DATE OF BIRTH (month, day, and year) Feb 5th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Simon Weckesser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna 13/7

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Harry Schrader

(Address) 347 S Smallwood St

15 Filed ....., 19 Robert F. Harrison, Registrar

19 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to Dec 17, 1925, that I last saw h.. alive on Dec 16, 1925, and that death occurred, on the date stated above, at 1.20 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum Exam

(Signed) Norbert E Hetrick, M. D.

(Address) 2651 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Dec 22 1925

UNDERTAKER F. B. Wiseman

ADDRESS 1850 N Bond St

Spec.—1-10-21—M&T—1500 Blks.

E 04768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04768

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH Cambridge apts

CITY OF BALTIMORE: (No.) Charles 24th (St.) 12-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Arndt

(a) RESIDENCE NO. Cambridge Apts (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Arndt

6 DATE OF BIRTH (month, day, and year): Jan 6th 1842

7 AGE: 83 Years: 0 Months: 11 Days: 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Wm Berghoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Lena Crum

(Address): Cambridge Apts

15 Filed , 19 Robert F Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 18th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1923 19 to Dec 18 19 25.

that I last saw h Exalive on Dec 18 19 25,

and that death occurred, on the date stated above, at 3:00 m.

The CAUSE OF DEATH* was as follows:

Rt Hemiplegia

12 Yrs

(duration) yrs mos — ds.

CONTRIBUTORY (Secondary): Senile Dementia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harwood Kelly, M. D.

12/19 1925 (Address) 2027 N Mad

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Dec 21 1925

20 UNDERTAKER: F. B. Shipley

ADDRESS: 1850 W. Balto

Burial Forest Glen

Cor.—1-12-23—M&T—100 Bks.

E 04769

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04769

CERTIFICATE OF DEATH.

76-3 178

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Horner's Lane nr Phila P[illegible] Chesnut Farm Dairy ST., [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Sedelec

(a) RESIDENCE NO. Horner's Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 45				

8 OCCUPATION OF DECEASED 040

(a) Trade, profession or particular kind of work Farm Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Victor Caplan

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Victor Caplan

(Address) Horner's Lane

15 Filed [illegible] 1925, 192 Robert P. Herrington, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Smoke Suffocation-bed clothing caught fire from lighted cigarrette (probably intoxicated)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) J. S. P. Oatens, M. D. (Coroner.)

12-17-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 192

20 UNDERTAKER Commissioner Health.

ADDRESS

DEC 19 1925

[illegible]

E 04770

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04770

CERTIFICATE OF DEATH.

179

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1901 Whitex St., 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Odis W. Rivers

(Residence in Baltimore: No. 1901 W Whitex St., 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: May 13, 1902 (Month) (Day) (Year)

7-AGE: 1 yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer): (None)

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Troy Rivers

11-BIRTHPLACE OF FATHER, (State or Country): N. C.

12-MAIDEN NAME OF MOTHER: Adeline Stubbs

13-BIRTHPLACE OF MOTHER, (State or Country): N. C.

14-THE ABOVE IS TRUE ~~TO~~ TO THE BEST OF MY KNOWLEDGE.

(Informant) Troy Rivers

(Address) 1909 Whitex St.

15-

Filed ..... 192... Robert P. Patterson, Registrar.

19 1925

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 16, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st. 2nd degree burns of body, (accidental)

1 hr

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Clothes caught fire from gas stove

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. J. Hennessey M. D. (Coroner.)

Dec. 17, 1925 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Lion	12-19 1925

20-UNDERTAKER,	ADDRESS,
Joseph A Lively	151 Winters ave

Spec.—1-10-21 M&T 1500 Blks.

Coroner Notified

E 04771

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04771

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp ST. 6-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Hirons

(a) RESIDENCE NO. 3022 Philadelphia Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 24-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Hirons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Martha - -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Hospital Records

(Address)

15 Filed 1925, 19 Robert E. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/18 1925

17

I HEREBY CERTIFY, That I attended deceased from 12/18, 1925, to 12/18, 1925,

that I last saw him alive on 12/18, 1925,

and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia e/t

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jacob Delgado M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's

DATE OF BURIAL Dec 20 1925

20 UNDERTAKER Mr. Mrs. N. S. Finch

ADDRESS 1737 N Broadway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04772 E 04772

CERTIFICATE OF DEATH. × 129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3440 Reisterstown St., 15-3 WARD)

2-FULL NAME Charles William Greiner

(a) RESIDENCE NO. 3440 Reisterstown Rd ST., ... WARD West River md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Lida M. Greiner

6 DATE OF BIRTH (month, day, and year): Sept 16-1874

7 AGE — Years: 51 — Months: 3 — Days: 3 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oysterman 086

(b) General nature of Industry, business, or establishment in which employed (or employer): Forging oysters

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Boston Md

PARENTS

10 NAME OF FATHER: John A. Greiner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophie Bast. 1/19 19 25

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Clin Greiner (Address) 3440 Reisterstown Rd

15 [illegible] Robert F. Morrison, ... 19 .....
9 1925 Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC. 19th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1925, to Dec 19, 1925, that I last saw h[illegible] alive on DEC 18, 1925, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease (Mitral Insufficiency)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Shady Side md.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Paul Brown, M. D.

(Address) 1837 Penna Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns Cemetery West River

DATE OF BURIAL: Dec 21 19[illegible]

20 UNDERTAKER: D L Hoffberger

ADDRESS: Annapolis md

Spec.—1V0-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 159-003

E 04773

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Floyd Valiant

(a) RESIDENCE NO. Easton Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	21		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Allen Valliant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Minnie Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

9 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1925, to Dec 19th, 1925, that I last saw him alive on Dec. 19th, 1925, and that death occurred, on the date stated above, at 4 10 A. m.

The CAUSE OF DEATH* was as follows:

(1) Meningocele -

(2) Orbital Tumors.

(duration) Ov 4 yrs. One mos ..... ds.

CONTRIBUTORY (Secondary) Streptococcus Meningitis

(duration) ..... yrs. ..... mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Nov 22/25

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture.

(Signed) C.H. Bagley, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton, Md

DATE OF BURIAL Dec. 22 1925

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E Eager

Spec.—1-10-21—M&T—1500 Bks.

E 04774 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04774

CERTIFICATE OF DEATH. 67-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6021 Foster ave, Govans ST., 27 WARD)

2-FULL NAME John Henry Rohlfing

(a) RESIDENCE No. 6021 Foster ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Caroline E. Rohlfing

6 DATE OF BIRTH (month, day, and year) Dec 31-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	11	17 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John M. Rohlfing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Paloma Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Caroline E. Rohlfing
(Address) 6021 Foster ave Govans

15 Filed 1925, Robert F. Carrican, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1925, to Dec 18, 1925, that I last saw h[illegible] alive on Dec 17, 1925, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis of Heart Muscles superinduced by Lead Poisoning

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetes

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) E. H. Duncan, M. D.

Dec 18, 1925 (Address) 5104 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore, Cem	Dec 22 1925
20 UNDERTAKER Zickler & Zickler	ADDRESS 1739 E Eager St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04775

CERTIFICATE OF DEATH.

E 04775

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp St. 15-12 WARD)

2-FULL NAME Robert Lewis

(a) RESIDENCE No 1816 Smallwood St ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 15, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or estsblishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Francis Lewis

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Jennie Abrams

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs. Jennie Lewis
(Address) 1816 Smallwood St.

15 Filed DEC 20 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 18, 1925, to Dec 19, 1925,

that I last saw h in alive on Dec 19, 1925,

and that death occurred, on the date stated above, at 2 10 a m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Myron S. Luce, M. D.

12/20 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 12/20 1925

20 UNDERTAKER Jos. Lewis — ADDRESS 1429 Eden St

Spec.--1-10-21—M&T—1500 Bks.

E 04776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74.001

E 04776

REGISTERED NO.

1-PLACE OF DEATH Camp Holabird

CITY OF BALTIMORE: (No. 18th & Sl- & 4th Ave ST. 76-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellamora Woods

(a) RESIDENCE NO. 18th & Sl- & 4th Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Williams

6 DATE OF BIRTH (month, day, and year): Nov. 9 1827

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
98	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Ella Evans

(Address): 4th Ave & 18th St-

15 Filed DEC 20 1925, 19 ... WILLIAM H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 16th, 1925, to Dec 19th, 1925, that I last saw her alive on Dec 18th, 1925, and that death occurred, on the date stated above, at 8 Am m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Tod, M. D.

, 19 (Address) 4704 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 26 1925
20 UNDERTAKER: Wm Cook 002	ADDRESS: Eastern

Spec.—1-10-21—M&T—1500 Bks.

E 04777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04777

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 662 W. Fayette ST., 4-1 WARD)

2-FULL NAME Robert H. Hutchins

(a) RESIDENCE NO. 662 W. Fayette St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Della M. Hutchins

6 DATE OF BIRTH (month, day, and year) June 16 - 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber 054

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Business for himself.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Hutchins

11 BIRTHPLACE OF FATHER (city or town) Alexandria (State or country) Va.

12 MAIDEN NAME OF MOTHER Katherine Lee

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14

Informant Della M. Hutchins

(Address) 662 W. Fayette St

15

Filed DEC 20 1925 ROBERT H. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19- 1925

17

I HEREBY CERTIFY, That I attended deceased from January 21 1920 to December 19 1925, that I last saw him alive on December 18 1925, and that death occurred, on the date stated above, at 12:10 a. m.

The CAUSE OF DEATH* was as follows:

organic heart disease

(duration) 6 yrs. - mos — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs.

(Signed) Chester Riland, M. D.

12-19-1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Dec 21 1925

20 UNDERTAKER W. H. Cook — ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

D Ct

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04778

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1854 Mc Henry St. WARD) 179

REGISTERED NO. E 04778

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret M. Minder

(a) RESIDENCE NO. 1854 Mc Henry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Julius Minder

6 DATE OF BIRTH (month, day, and year): 1-1-1849

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John M. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Madeline Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Louise Stauffer

(Address) 1725 Cole Street

15 Filed DEC 20 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12—19 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1923, to Dec 18, 1925, that I last saw her alive on Dec 17, 1925, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Contributory

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) Walter A Bloss, M. D.

12/19, 1925 (Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 12/21 1925

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 04779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001

E 04779

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 12-4 WARD)

2-FULL NAME Jacob I. Weise

(a) RESIDENCE NO. 2300 Barclay St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Laura Weise

6 DATE OF BIRTH (month, day, and year) Feb 9 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
+	67	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm Weise

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Imhoff

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Univ. Hosp. Records
(Address)

15 Filed ..... 19 .....
Registrar

FEB 20 1925 HELEN R. KRAUSE
CHIEF CLERK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/19 1925

17 I HEREBY CERTIFY, That I attended deceased from December 2d, 1925, to December 19, 1925, that I last saw him alive on Dec - 19, 1925, and that death occurred, on the date stated above, at 9:00 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis, Bilateral Cerebral Edema

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia, Edema of Right Lung

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec 17th

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J Englewood, Jr. M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 12/22 1925

20 UNDERTAKER H.W. Cook

ADDRESS 502 E North Ave

(over)

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04780

CERTIFICATE OF DEATH.

90 E 04780

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Loney's Lane & Monument St. 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony J. Porcello

(a) RESIDENCE No. 708 N. Streeper St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Porcello

DATE OF BIRTH (month, day, and year) June 23/1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hoseman 03

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Fire Dept.

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Nicola Porcello

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Catherine Porcello

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Mrs Elizabeth Porcello

(Address) 708 N. Streeper St

Filed DEC 26 1925, 192 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Cardiac Insufficiency

(Fell on st. while returning from work) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Walker, M. D. (Coroner.)

12-19-25 192 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents. DATE OF BURIAL 12/22 192 5

20 UNDERTAKER J. J. Kerr & Son 156 N Luzerne ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04781 E 04781

REGISTERED NO. 9-4-7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Koubek

(a) RESIDENCE NO. 2313 Taylor St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 13, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank Koubek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Teresa Kolarik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Frank Koubek

(Address) 2313 Taylor Av

15 Filed DEC 20 1925, 19.. ROBERT P. KRAUSE Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 17, 1925, to Dec 19, 1925, that I last saw h alive on Dec 19, 1925, and that death occurred, on the date stated above, at 2.50 p m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull M. D.

12/20 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Dec 20, 1925

20 UNDERTAKER Frank E Brock Son ADDRESS 1906 Eyhlaus

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04782

CERTIFICATE OF DEATH.

100.001 E 04782

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., (or) WARD)

2-FULL NAME Enrico Ferrante

(a) RESIDENCE NO. 112 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 10 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Ferrante

6 DATE OF BIRTH (month, day, and year) And Krom

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER And Krom

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER And Krom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mary Ferrante

(Address) 112 Orleans

15 Filed DEC 20 1925 PUBLIC REGISTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/19/1925.

17

I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1925. to Dec. 19, 1925.

that I last saw him alive on Dec. 19, 1925

and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Pleurisy & Effusion

(duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Fatty degeneration.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) B. M. Rhodes, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Dec 22 1925

20 UNDERTAKER Frank Crack Son

ADDRESS 1906 Eastern Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04783

CERTIFICATE OF DEATH.

E 04783

Registered No. 162

1-PLACE OF DEATH

City of BALTIMORE: (No. 519 N. Stricker St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Woodfaulk

(a) Residence No. 519 N. Stricker St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 min. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 18, 1925

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or 15 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Ernest Garnett

11-BIRTHPLACE OF FATHER (city or town) unknown (State or Country),

12-MAIDEN NAME OF MOTHER, Dorothy Woodfaulk

13-BIRTHPLACE OF MOTHER (city or town) Hyattsville (State or Country), Md.

14- (Informant) Dorothy Woodfaulk

(Address) 519 N. Stricker St.

15- Filed ..... 192.... ROBERT P. KRAUTER Registrar.

DEC 20 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 16, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1925, to Dec. 18, 1925, that I last saw him alive on Dec. 18, 1925 and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

Dec 18 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Lin Cemetery

DATE OF BURIAL, Dec. 20, 1925

20-UNDERTAKER, Mrs. Katie R. Williams

ADDRESS 322 E. Schroeder St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04784

CERTIFICATE OF DEATH.

38 E 04784

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 W. Lexington St. St. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Ward.

(a) RESIDENCE NO. 1705 W. Lexingt on St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Negro	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Ward

6 DATE OF BIRTH (month, day, and year) June. 5-1894

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
31.	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Patcolus

(State or country) N.C.

PARENTS

10 NAME OF FATHER Thomas Hill

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Joseph Ward. (Husband)

(Address) 705 W. Lexington St

15 Filed DEC 20 1925, 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19. 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 17th. 1925 Dec. 18th. 1925

that I last saw her alive on Dec. 18th. 1925

and that death occurred, on the date stated above, at 3.00 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) Walter S. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Patcolus, N. C.

DATE OF BURIAL Dec 24, 1925

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

Cor.—1-12-23—M&T—100 Blks.

E 04785 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04785

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 90

CITY OF BALTIMORE: (No. 106 S Tenth ST. 76-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Stoffel

(a) RESIDENCE No. 106 S Tenth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6 DATE OF BIRTH (month, day, and year) Aug 9, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Henry McGeary

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine McGeary

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Wm R. Schluter
(Address) 106 S 10th

15 Filed DEC 20 1923 Robert R. Kaufter Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1923

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) 2 yrs. mos. ds.

(Signed) James McKenton, M. D.
(Coroner.)

Dec 19, 1923 (Address) 4004 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 12/21 1923

20 UNDERTAKER Philip Herring — ADDRESS 2016 Aliceanna

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04786 E 04786

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Lancaster ST. 3-4 WARD)

2-FULL NAME Minnie Hastler.

(a) RESIDENCE NO. 1515 Lancaster ST., 3 WARD.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Purnell J. Hastler.

6 DATE OF BIRTH (month, day, and year) Jan. 31st 1893

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
32	10	15 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles Bussman

11 BIRTHPLACE OF FATHER (city or town) Balto. Md. (State or country)

12 MAIDEN NAME OF MOTHER Jennie Stromer

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md. (State or country)

14 Informant Purnell J. Hastler (Husband)

(Address) 1515 Lancaster St

15 Filed DEC 26 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16th 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 1 1925, to Dec 16 1925, that I last saw h alive on Dec 16, 1925, and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Degeneration

(Primary) Grippe

Influenza Typhoid

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Indiana

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Judgment

(Signed) J. [illegible] M. D.

(Address) 800 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Dec 20th 1925

20 UNDERTAKER Lilly & Geiler

ADDRESS 403 S. Mt. St.

Burial Permit Issued

Spec.—1-12-23—M&T—500 Bks.

E 04787

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04787

CERTIFICATE OF DEATH.

REGISTERED NO. 34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City STREET 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Morrison

(a) RESIDENCE NO. 114 E 25th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Morrison

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer, Jr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Hugh Morrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Julia Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Jos. B. Records

(Address)

15 Filed DEC 20 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1925, to Dec 20, 1925, that I last saw h. alive on Dec 19, 1925, and that death occurred, on the date stated above, at 3 15 A m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis.

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Pott's disease

(duration) Unknown yrs. Unknown mos

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Finding

(Signed) Wm McFaul M. D.

Dec 29, 1925 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Dec 22 1925

20 UNDERTAKER J. Carroll Mc Stew

ADDRESS Baltimore

Spec.—1-12-23—M&T—500 Bks.

E 04788

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04788

CERTIFICATE OF DEATH.

21-3 86-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 W. Cross St. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Donnelly

(a) RESIDENCE NO. 1016 W. Cross St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 25 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXXXXXXXXX

6 DATE OF BIRTH (month, day, and year) June 25, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Thomas Donnelly.

11 BIRTHPLACE OF FATHER (city or town) Baltimore,
(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Lusby.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Mrs Catherine Donnelly.
(Address) 1016 W. Cross St.

15 Filed Dec. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1925, to Dec. 19, 1925,

that I last saw her alive on Dec. 19, 1925,

and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Otitis Media

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. U. Carmichael, M. D.

, 19 (Address) 24 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Dec 22-1925
20 UNDERTAKER	ADDRESS
Jos. F. Cowan & Son per J. F. Cowan.	901 Baltimore

Buford Parent Child

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04789

CERTIFICATE OF DEATH.

11

E 04789

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N. Mount ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caspard Erk

(a) RESIDENCE NO. 407 N. Schroeder ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Agnes Erk

6 DATE OF BIRTH (month, day, and year): Feb. 8, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Printing

(c) Name of employer: Evening Sun

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Henry Frederick Erk

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Sabra Peirce

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Mrs Agnes Erk

(Address) 407 N Schroeder

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1925, to Dec 14, 1925, that I last saw h[illegible] alive on Dec 14, 1925, and that death occurred, on the date stated above, at 11 32 P m.

The CAUSE OF DEATH* was as follows: appendicitis

Acute gangrenous with Peritonitis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 30 min.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 12/4/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) [illegible], M. D.

, 19 (Address) 1122 Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: Dec 17 19 25

20 UNDERTAKER: Geo. A. Tittle

ADDRESS 2300 Edmondson

DEC 21 1925 ROBERT R. KRAUTER, Registrar

Burial Permit

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04790

CERTIFICATE OF DEATH.

90 E 04790

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1382 Stockton ST. 15-13 WARD)

2-FULL NAME Henrietta Goldsborough

(a) RESIDENCE NO. 1387 Stockton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Goldsborough

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER: Wm White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sabina Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Maria Goldsborough
(Address): 382 Stockton St

15 Filed DEC 20 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1925, to Dec 19, 1925, that I last saw her alive on Dec 18, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) James Bowers, M. D.

Dec 19, 1925 (Address) 1837 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 12/21/25

20 UNDERTAKER: Dennis Eastwood — ADDRESS: 916 Pa ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 04791

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 Myrtle Ave ST. 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Johnson

(a) RESIDENCE. No. 414 Myrtle Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE — Years: 57 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: David McGuak

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Thomas Johnson

(Address): 417 Myrtle Ave

15 Filed ... 19... (Burial Permit) Registrar

DEC 20 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1925, to Dec. 15, 1925, that I last saw h alive on Dec 17, 1925, and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Pulm. Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J D Norwood, M. D.

Dec 19 1925 (Address) 937 Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 12/21/1925

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Eutaw

E 04792

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04792

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 212 S Dallas St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Spence.

(Residence in Baltimore: No. 29 S Carrollie ~~66~~ yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH. ..... (Month) 1896 (Day) 1 (Year)

7-AGE. ..... 29 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... cook
(b) General nature of industry, business, or establishment in which employed (or employer) 0

9-BIRTHPLACE, (State or Country). VA

PARENTS.

10-NAME OF FATHER. Dont know

11-BIRTHPLACE OF FATHER, (State or Country). Dont know

12-MAIDEN NAME OF MOTHER. Dont know

13-BIRTHPLACE OF MOTHER, (State or Country). Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos Spence

(Address) 29 S. Carrollie St

15-

Filed DEC 20 1925 ROBERT R. KRAUTER, Registrar.

Special Permit Clerk

THE MORGUE

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 14 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) G. C. Stadly M. D.
(Coroner.)

Dec 28 1925 (Address) 43 W Biddle

*State the Disease causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cem	12/21/1925
20-UNDERTAKER. Davis Funeral Home	ADDRESS 916 Pine

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04793 E 04793

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Main & Brement ST., 25-3 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Donohue

(a) RESIDENCE No. Main & Brement ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): May 8th 1848

7 AGE: Years 77. Months 7 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(h) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Michael Quinn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Maria Quinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: William Weber

(Address): 310 S. Caldwell St

15 Filed DEC 20 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1925, to Dec 18, 1925, that I last saw her alive on Dec 18, 1925, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. Mikkelsen, M. D.

Dec 19 1925 (Address) 2320 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem — DATE OF BURIAL: Dec 21st 1925

20 UNDERTAKER: C. E. Jones — ADDRESS: 111 S. Gilmor St

ROBERT R. KRAETER
Burial Permit Clerk

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04794

CERTIFICATE OF DEATH.

46E 04794

1-PLACE OF DEATH Baltimore City Hospitals — 3 — 2 — Registered No.

City of BALTIMORE: (No. Bay View Asylum St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Spats

(a) Residence No. 1416 East Fayette Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored White

5-Single, Married, Widowed, Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1882

7-AGE. 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, ? Jas H Smith

11-BIRTHPLACE OF FATHER (city or town). ? (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, ? Smith

13-BIRTHPLACE OF MOTHER (city or town). ? (State or Country), Baltimore Md

14- (Informant) Hospital Records (Address) Baltimore City Hospitals

15- Filed DEC 20 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-17-25

17- I HEREBY CERTIFY, That I attended deceased from 12-4- 1925 to 12-17- 1925

that I last saw h[illegible] alive on 12-17 1925

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Advanced Carcinoma of Cervix

Metastasis (From Hosp. Duration unknown) (From Examination about 2 yrs?

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Jos F Chaney Jr, M. D.

(Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Antrim Lawn	12 Jan 1 ..., 1926
20-UNDERTAKER.	ADDRESS
Jas. W. Thomas	1625 E. Fayette St

Spec.—1-12-23—M&T—500 Blks.

E 04795

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 04795

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 36 S. Eden St. (ST.) 3-V (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Borochofsky

(a) RESIDENCE NO. 36 S Eden St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of E. H. Borochofsky

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Antkans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Antkans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant A. Bernstein

(Address) 36 S Eden St

15 Filed DEC 20 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1925, to Dec. 19th, 1925;

that I last saw h[illegible] alive on Dec. 19th 1925;

and that death occurred, on the date stated above, at 5-30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cardiac and

Oesophagus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R.A. Macleod, M. D.

12/20 1925 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Wilson Cemetery

DATE OF BURIAL 12/21 1925

20 UNDERTAKER Jack Levis

ADDRESS 1439 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04796

CERTIFICATE OF DEATH.

74-001 E 04796

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2034 Linden Ave St.) (13-b WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lina Strause

(a) RESIDENCE No. 2034 Linden Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Strause

6 DATE OF BIRTH (month, day, and year) June - 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Farmville (State or country) Va.

PARENTS

10 NAME OF FATHER Samuel Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Libly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. S. Berliner (Address) Emandale Apts.

15 Filed DEC 20 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/19/1925

17

I HEREBY CERTIFY, That I attended deceased from December 10th, 1925, to Dec. 19th, 1925, that I last saw he alive on Dec. 19th, 1925, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Wally W. Reinhardt, M. D.

Dec 19, 1925 (Address) 2323 Callow Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balt. Hebrew Cem. DATE OF BURIAL 12/21/1925

20 UNDERTAKER Hurd Lindheim ADDRESS 118 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

04797

HEALTH DEPARTMENT—CITY OF BALTIMORE

04797

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1650 N. Pentalon St. ST 15-9 WARD 100-0a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2-FULL NAME Simon Helprin

(a) RESIDENCE NO. 1650 N. Pentalon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., If of foreign birth? 6 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Benj M. Helprin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER U.K.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. Minnie Helprin

(Address) 1650 N. Pentalon St.

15 Filed DEC 20 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20, 1925

17 I HEREBY CERTIFY, That I attended deceased from November 10, 1925, to Dec 20, 1925, that I last saw him alive on Dec 20, 1925 and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Isidore I. Levy, M. D.

Dec. 1925 (Address) 2036 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew Cemt.

DATE OF BURIAL 12 20, 1925

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Baltimore St

Spec.—1-10-21 M&T 1500 Blks.

E 04798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04798

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 1610-2 WARD)

2-FULL NAME Anne Stemler.

(a) RESIDENCE NO. Preston & Valley, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a ~~If married,~~ widowed, or ~~divorced~~ (or) ~~HUSBAND of~~ WIFE of Jerome Stemler.

6 DATE OF BIRTH (month, day, and year) Sept. 1846.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
79	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER John Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Jane Conn

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Florence (Address) Preston Apts

15 Filed DEC 20 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1925

17 I HEREBY CERTIFY, That I attended deceased from ~~Nov~~ Dec, 19...., to ....., 19.....

that I last saw h~~er~~ alive on Dec 13, 19 25,

and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

Influenza (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Dec (Signed) F. A. Warner, M. D.

19 25 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Pl

DATE OF BURIAL Dec 22 1925

20 UNDERTAKER Geo E Thomas

ADDRESS Hanover Pa

Spec.—1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04799

CERTIFICATE OF DEATH.

90 E 04799

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3040 Boston ST., 1st WARD) 1-4

2-FULL NAME 9 Stanislaw Konarski

(a) RESIDENCE NO. 3040 Boston ST., 1 st WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Stanislaus Konarsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Antonina Konarski (Address) 3040 Boston St

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-25 19

17 I HEREBY CERTIFY, That I attended deceased from 12-9- , 19 25 , to 12-17- , 19 25 .

that I last saw him alive on 12-17- , 19 25 .

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Mitral Insuffieciency

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? ~~Physical Signs~~ No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronushas, M. D.

12-19 25 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy St Stanislaus Cem

DATE OF BURIAL Dec 21 1925

20 UNDERTAKER Stephen L Fialkowski

ADDRESS 1500 Kenwood Ave

Spec.—1-10-21—M&T—1500 Bks.

E 04800

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 04800

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St. 4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Patrick Flanagan

(a) RESIDENCE NO. 113 W. mulberry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If (married, widowed, or divorced) HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~House~~ Office

(b) General nature of industry, business, or establishment in which employed (or employer) Professor

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hosp Records (Address)

15 Filed DEC 20 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/25 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1925, to Dec. 20, 1925, that I last saw h/~~x~~ alive on Dec 20, 1925, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of pylorus of Stomach

(duration) 1/2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. R. McConnell, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Dec. 22, 1925

20 UNDERTAKER Easton Sons

ADDRESS Ellicott City

Spec.—1-10-21—M&T—1500 Blks.

E 04801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 04801

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Gough ST. 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Hiller

(a) RESIDENCE No. 2217 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widr

5a If married, widowed, or ~~divorced~~ HUSBAND ~~of~~ (or) WIFE of Barbara Hiller

6 DATE OF BIRTH (month, day, and year) Aug. 1852

7 AGE — Years: 73 | Months: 4 | Days: | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired R.R.

(b) General nature of industry, business, or establishment in which employed (or employer): Fireman 73

(c) Name of employer: Penn. R.R.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Anton ~~Mother~~ Hiller

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Wilhelmina Gerberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Clara Dausch

(Address) 324 N. Gaye and ave.

15 Filed DEC 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 17 1925

17 I HEREBY CERTIFY, That I attended deceased from November 26, 1925, to December 16, 1925, that I last saw h~~im~~ alive on December 16, 1925, and that death occurred, on the date stated above, at 1206 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia Coma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M.D.

(Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 12/31 1925

20 UNDERTAKER: J. A. Moran

ADDRESS 3900 E. Baltimore

Cor.—1-12-23—M&T—100 Bks.

E 04802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 04802

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Baltimore

(a) RESIDENCE NO. Green Spring Valley Hunt Club ST., Garrett Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2021 yrs. Druid Hill Ave ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ıale	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): August /1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Waiter 010
(b) General nature of industry, business, or establishment in which employed (or employer): Green Spring Valley
(c) Name of employer: Hunt Club

9 BIRTHPLACE (city or town) (State or country): Fauquier Co Va

PARENTS

10 NAME OF FATHER: Louis Baltimore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Kate Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Adelaide Baltimore (sister)
(Address) 6121/2 Watts St. Pittsburgh Pa.

15 Filed DEC 21 1925 ROBERT N. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally burned overportions of body, Clothing caught fire from lighted cigarette while in bed.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Wall, (Coroner.) M. D.

12-19-25 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pa. Marshall Va — DATE OF BURIAL: 11/21/25

20 UNDERTAKER: Josephahrens — ADDRESS: 221 Bway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04803

100 E 04803

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5146 Reisterstown Rd St. 28-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Miller Taylor

(a) RESIDENCE No. 5146 Reisterstown ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): March 1-1920.

7 AGE: Years 5 Months 9 Days 18

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Carlisle Pa.

PARENTS

10 NAME OF FATHER: Leo B Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wis.

12 MAIDEN NAME OF MOTHER: Ethel Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Ethel Miller

(Address): 5146 Reisterstown Rd

15 Date: DEC 21 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/19 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 18, 1925, to Dec 19, 1925.

that I last saw him alive on Dec 18, 1925

and that death occurred, on the date stated above, at 3.00 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

.....

.....

.....(duration) ..... yrs. ..... mos 9 ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jno. J. Queen, M. D.

, 19 (Address) 3501 Garrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden

DATE OF BURIAL: 12/21 1925

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Mad St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04804 E 04804

CERTIFICATE OF DEATH

Hamilton 3

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 5011 Holden Ave

CITY OF BALTIMORE: (No. 5011 Holden Ave ST. 27-11 WARD)

2-FULL NAME Joseph L. Price

(a) RESIDENCE NO. 5011 Holden Ave. ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliz. Hepford Price

6 DATE OF BIRTH (month, day, and year): Oct 7 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	~~Oct~~ 7	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 015

(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

PARENTS

10 NAME OF FATHER: Elijah Price

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Mott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mrs Elizabeth Price 5011 Holden Ave.

15 Filed ..... 19.... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/20 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 1925, to 12/20, 1925, that I last saw h~~alive~~ on 12/20, 1925, and that death occurred, on the date stated above, at 8.05 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Dr. Geo Thurgate tried Patient several yrs)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Holler M. D.

, 19 (Address) 5012 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Co Joseph's Church Cemetery

DATE OF BURIAL: Dec 23 1925

20 UNDERTAKER: W. H. Cook

ADDRESS: 1302 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

Dr Hess, Govanstown

E 04805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04805

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 E. Lafayette St. 12-6 WARD)

2-FULL NAME Stella Mahoney

(a) RESIDENCE NO. 213 E. Lafayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael R.

6 DATE OF BIRTH (month, day, and year): March 5, 1895

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
30	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ontario Canada

PARENTS

10 NAME OF FATHER: Henry Eccatt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ontario Canada

12 MAIDEN NAME OF MOTHER: Olivia McGowan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ontario Canada

14 Informant: Michael Mahoney

(Address) 213 E Lafayette

15 Filed DEC 21 1925

ROBERT R. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-19 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 3 - 1925 to Dec 19 1925,

that I last saw h alive on Dec. 19 1925,

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Hess, M. D.

12-20 1925 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden

DATE OF BURIAL: 12/22 1925

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Hoffman

Spec.—1-10-21 M&T 1500 Blks.

Hildur Coupe

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04806

CERTIFICATE OF DEATH.

x 49

REGISTERED NO. E 04806

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Hildur E. Coupe

(a) RESIDENCE NO. 131- Baltimore Cabe. ST., WARD St. Helena, Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred -/ yrs. -3 mos. - ds. How long in U. S., if of foreign birth? . yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Raymond F. Coupe

6 DATE OF BIRTH (month, day, and year) Feb 12. 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	- 10	7.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Massachusetts

PARENTS

10 NAME OF FATHER Knut N. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Emma Hartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Raymond Coupe

(Address) 131- Baltimore Ave.

15 Filed . 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1925, to Dec. 19, 1925.

that I last saw h~~e~~r alive on Dec. 19, 1925

and that death occurred, on the date stated above, at 2.35 a. m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis - metastatic from carcinoma of thyroid gland.

(duration) 2y yrs. - mos - ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 4. ds.

18 Where was disease contracted if not at place of death? Diagnosed in N.Y. City.

Did an operation precede death? No Date of -

Was there an autopsy? Yes.

What test confirmed diagnosis? X-ray & biopsy.

(Signed) Wm S. Bowman, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Patchogue L.I. N.Y. DATE OF BURIAL Dec 21 1925

20 UNDERTAKER Lowbooks ADDRESS 1026 E. Fayette St.

To Raymond Coupe

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04807

CERTIFICATE OF DEATH.

170

Registered No. E 04807

1-PLACE OF DEATH

City of BALTIMORE: (No. 1506 Marylandave St., 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Owen B. Carney

(Residence in Baltimore: No. 1506 Maryland ave St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: May (Month) 17th (Day) 1855 (Year)

7-AGE: 70 yrs. 7 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Police
(b) General nature of industry, business, or establishment in which employed (or employer): City

9-BIRTHPLACE. (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Owen B Carney

11-BIRTHPLACE OF FATHER, (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget Carlon

13-BIRTHPLACE OF MOTHER, (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Robert Kirl

(Address) 1531 Bantlon st

15- Filed DEC 21 1925 ROBERT A. KRAUTER, Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 18, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Wounds by gun shot wound of head (Shot gun) (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Temporary Insanity (Duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

Dec 19 1925 (Address) 250 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Dec 21st 1925

20-UNDERTAKER, Henry C Brannung & Son ADDRESS 1711 Schroeder st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04803. 129 E 04803

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S. Bond St. ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris J. Schlatter

(a) RESIDENCE NO. 812 S. Bond St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of F. A. Schlatter

6 DATE OF BIRTH (month, day, and year) Feb. 23. 1848

7 AGE	Years	Months	Days	11 LESS than 1 day, hrs. or min.
	77	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jacobson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Muhlenfeld (Address) 812 S. Bond St

15 Filed DEC 21 1925 JOSEPH A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1920, to Dec 18, 1925, that I last saw h. alive on Dec 18, 1925, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis
Arteriosclerosis & cardiac degeneration

(duration) yrs. 5 mos. 8 ds.

CONTRIBUTORY (Secondary) Heart failure & asthenia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) Roy D Blodgett, M. D.

, 19 (Address) 1625 E Northern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Dec 21 1925

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04809

100-001

CERTIFICATE OF DEATH.

E 04809

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 Ingleside Ave. ST. 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Bien

(a) RESIDENCE NO. 200 Ingleside Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Bien

6 DATE OF BIRTH (month, day, and year) Sept 2, 1871

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	54	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Henry Schlerming

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Christine Ettling

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant John F. Bien (Address) 200 Ingleside Ave.

15 Filed [illegible] 1925 ROBERT H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1925, to Dec. 19, 1925.

that I last saw her alive on Dec. 18, 1925.

and that death occurred, on the date stated above, at 8:30 A.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Double)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Arteriosclerosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. A. Hayden, M. D.

12/24, 1925 (Address) 1216 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL Dec 22 1925

20 UNDERTAKER Henry Sander & Sons, Inc. — ADDRESS 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Bks.

E 04810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED NO. E 04810

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. University Hospital ST. 8-1 WARD)

2-FULL NAME Ester Lately Onion

(a) RESIDENCE NO. 3311 Elmley Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Marvel Onion

6 DATE OF BIRTH (month, day, and year) Apr. 9, 1896

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
29 yrs.	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harford County
(State or country) Maryland

PARENTS

10 NAME OF FATHER David F. Boyd

11 BIRTHPLACE OF FATHER (city or town) Harford County
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillian E. McCue

13 BIRTHPLACE OF MOTHER (city or town) Harford Co.
(State or country) Maryland

14 Informant Hospital Records.
(Address) Lombard & Greene Sts.

15 Filed DEC 21 1925, 19 ROBERT R. KRAUTER, Registrar
Rachel Parrish Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-25 19

17 I HEREBY CERTIFY, That I attended deceased from 12-12-25. 19 ..... to 12-19-25. 19 .

that I last saw h[illegible] alive on 12-19-25. 19 .

and that death occurred, on the date stated above, at 5:20 a.m.

The CAUSE OF DEATH* was as follows:

Acute yellow Atrophy of Liver

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Terminal Bronchio pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Therapeutic abortion

Did an operation precede death? yes Date of 12-12-25

Was there an autopsy? no.

What test confirmed diagnosis? Unnecessary

(Signed) Kenneth B. Boyd M. D.

1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Church Cem

DATE OF BURIAL Dec 22, 1925

20 UNDERTAKER Joseph J. Cook

ADDRESS 1003 Madison Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04811

CERTIFICATE OF DEATH.

90 E 04811

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4607 List Ave. Lauraville ST. 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles K.Linthicum

(a) RESIDENCE NO. 4607 List Ave.Lauraville ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta H.Linthicum

6 DATE OF BIRTH (month, day, and year) Dec. 21,1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Snyder & Blankford Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Linthicum

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Kentucky

12 MAIDEN NAME OF MOTHER Mary J.Miller

13 BIRTHPLACE OF MOTHER (city or town) Clarksville

(State or country) Maryland

14 Informant William H. Linthicum

(Address) 1710 Homestead Street

15 Filed DEC 21 1925 ROBERT A. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18 19 25

17

I HEREBY CERTIFY, That I attended deceased from Dec 1 , 19 25 , to Dec 18 , 19 25 ,

that I last saw h[illegible] alive on Dec 14 , 19 25 ,

and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

12-21, 19 25 (Address) Lexington Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

DATE OF BURIAL Dec. 21" 1925

20 UNDERTAKER Joseph L. Cook

ADDRESS 1003 Fulton Ave

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04812

CERTIFICATE OF DEATH.

1884 003 E 04812

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Crogan

(a) RESIDENCE NO. 1217 Wilcox St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Jan 8-1922

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	11	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer) NO
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Edward Crogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Nora Barrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Edward Crogan
(Address) 1217 Wilcox St

15 Filed DEC 21 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Cert.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Run over by autotruck-crushed skull

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Paul, M. D.
(Coroner.)

12-21-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 12/21 1925

20 UNDERTAKER George J Ruth 1735

ADDRESS Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04813

CERTIFICATE OF DEATH.

129 E 04813

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 N. Charles ST. 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joséphine Wheeler

(a) RESIDENCE NO. 2503 N. Charles ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George C.M.R.Wheeler

6 DATE OF BIRTH (month, day, and year) Mar. 12, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Bians

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Miss Cora Wheeler

(Address) 2503 N. Charles St.

15 Filed DEC 21 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1925, to Dec 19, 1925, that I last saw him alive on Dec 19, 1925 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 10 yrs. Unknown mos. ds.

CONTRIBUTORY (Secondary) Heart, mitral reg

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. G. Davis, M. D.

(Address) 1509 E Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Dec 22 1925

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Bks.

E 04814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 04814

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 N. Carey St ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Mitchel

(a) RESIDENCE NO. 724 N, Carey St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Negro	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug.18th. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4:	3	

8 OCCUPATION OF DECEASED Unemployed

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Clarence Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Adlade C.Fletcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Pearl Carr (Aunt)

(Address) 514 N. Mount St

15 Filed DEC 21 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20th 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18th. 1925, to Dec 20th. 1925,

that I last saw her alive on Dec. 20th. 1925,

and that death occurred, on the date stated above, at 4;10 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Uncomplicated

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? 40 Physical Exam.

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashury Cemetery	12/21/25
20 UNDERTAKER Mrs. R.A. Elliott	ADDRESS 1725 Ashburton

Spec.—1-12-23—M&T—500 Blks.

04815

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 04815

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., [illegible] WARD)

2-FULL NAME William Mc Swain

(a) RESIDENCE NO. 2412 Mace Street. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Colored.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary McSwain

6 DATE OF BIRTH (month, day, and year): Aug 10 1898

7 AGE: Years 27 | Months 4 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer - Odd

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Alex McSwain

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Mary McSwain

(Address) 2412 Mace st.

15 Filed DEC 21 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-20 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1925, to Dec 20, 1925, that I last saw h~~im~~alive on Dec 20, 1925, and that death occurred, on the date stated above, at 4 00 ~~P~~A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac failure

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Lobar pneumonia.

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. O'Connor, M. D.

, 19 (Address) 1134 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery — DATE OF BURIAL: 12/22/25

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS 1120 Ashland ave

Spec.—6-9-19—H. F. Co.—1000 Bks.

E 04816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-001

E 04816

CERTIFICATE OF DEATH.

5-274

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Tarrant St. Sq. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Blake

(a) RESIDENCE. No. 305 Tarrant St. St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Major Blake

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

20 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Major Blake (Address) 305 Tarrant St.

15 Filed DEC 21 1925 Robert N. Kraus Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18, 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Dec 18, 1925, that I last saw h[illegible] alive on Dec 18, 1925, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Robert J. Green M. D.

12-18-1925 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	12/21/25
20 UNDERTAKER	ADDRESS
Mrs. Ida Snowden	725 Ashland Ave

Cor.—1-12-23—M&T—100 Bks.

E 04817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04817

CERTIFICATE OF DEATH.

7-3 161-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., WARD)

2-FULL NAME Caroline Sutton

(a) RESIDENCE NO. 3005 E. Monument St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Dec 12/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	9	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Mary F. Carroll

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

PARENTS

14 Informant Hopkins Hospital
(Address)

15 Filed DEC 21 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16/25. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Cullen, M. D.
(Coroner.)

12-16-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS

DEC 21 1925

Spec.—1-10-21—M&T—1500 Bks.

Harvey Blake.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04818

100 001 04818

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1016 Carlton ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harvey Blake

(a) RESIDENCE NO. 1016 Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 29-24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	one	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore City
(State or country) Md.

PARENTS

10 NAME OF FATHER Benjamin Blake

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Rose Wright

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Rose Blake
(Address) 1016 Carlton St.

15 Filed DEC 21 1925 VIOLET R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20- 1925.

17 I HEREBY CERTIFY, That I attended deceased from 12-19-, 1925-, to 12-20-, 1925-, that I last saw her alive on 12-19-, 1925., and that death occurred, on the date stated above, at 4-a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

about
(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis, pertussis of one about 2 weeks
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas. C. McCarthy, M. D.

, 19 (Address) 2410 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion — DATE OF BURIAL 12/22/25

20 UNDERTAKER Thomas E. Wright — ADDRESS 1364 W. Pratt

Spec.—1-10-21—M&T—1500 Bks.

Velber Walter Jackson

186823 E 04819

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

159 E 04819

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 3-2 ST., WARD)

2-FULL NAME Velber Jackson

(a) RESIDENCE No. 114 S Bond St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
		8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Leroy Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fla

12 MAIDEN NAME OF MOTHER Clara Boles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fla

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 21 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 28, 1925, to Dec 19, 1925, that I last saw her alive on Dec 19, 1925, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus.

(duration) yrs. 3-4 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 12/2/25

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Charlott P Cathcart M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem | DATE OF BURIAL Dec 21 1925

20 UNDERTAKER Theodore L Pfeil | ADDRESS 113 Fleet Ave

Spec.—1-10-21—M&T—1500 Bks.

Dr. Buschardt 4854 Park Heights

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04820

CERTIFICATE OF DEATH.

90 E 04820

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 E Woodland Ave ST. 27-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Buschardt.

(a) RESIDENCE NO. 6 E Woodland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannie D. Buschardt.

6 DATE OF BIRTH (month, day, and year) June 26 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager 009

(b) General nature of industry, business, or establishment in which employed (or employer) Box Factory

(c) Name of employer Wm. Fichting & Sons.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Buschardt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Dorette Fichting

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Hannie D. Buschardt.

(Address) 6 E Woodland Ave.

15 Filed 19 WILLIAM R. KRAUTER Registrar

DEC 21 1925 Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1925 to Dec 19, 1925

that I last saw h[illegible] alive on Dec 15 1925

and that death occurred, on the date stated above, at 7 15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Buschardt M. D.

19 (Address) 4854 Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk. Crem	12-22 1925
20 UNDERTAKER	ADDRESS
Wm. Charles G Rohde	600 N Arlington Ave

Spec. 14-21—M&T—1500 Bks.

E 04821

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04821

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 8-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Edwards

(a) RESIDENCE NO. 1925 Lafayette Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Edwards

6 DATE OF BIRTH (month, day, and year) May 8 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work accountant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Wales

10 NAME OF FATHER J. Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER M. Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 DEC 21 1925 RUDOLPH K. KRAUSE Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11th, 1925, to Dec. 19th, 1925, that I last saw h alive on Dec. 19th, 1925, and that death occurred, on the date stated above, at 6 15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ..... yrs. 7 mos ..... ds.

CONTRIBUTORY (Secondary) Metastases to liver and pleura (duration) ..... yrs. 5 mos. ..... ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) E. Coulter Andrus, M. D.

12/19, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL Dec 21 1925

20 UNDERTAKER Jos Jordan & Son — ADDRESS 2178 Penn

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04822

CERTIFICATE OF DEATH.

+45

E 04822

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 6-13 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Lyle.

(a) RESIDENCE NO. Jones Creek P.O. Va. ST., WARD

(Usual place of abode) Permanent home 13 yrs 1711

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Lyle

6 DATE OF BIRTH (month, day, and year) Dec 24 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Camden (State or country) N. J.

PARENTS

10 NAME OF FATHER Fred Hackney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant John P. Lyle (Address) Jones Creek Parsons Rt

15 Filed DEC 21 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20th 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1925, to Dec 20th, 1925, that I last saw h[illegible] alive on Dec 20th, 1925, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of transverse Colon.

(duration) 2 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) Peritonitis Local.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 7. 25

Was there an autopsy? No

What test confirmed diagnosis? Operation findings

(Signed) F. W. Wright, M. D.

, 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Camden N. J. DATE OF BURIAL Dec 22, 25

20 UNDERTAKER Frank Evans Fairton ADDRESS Fairton

md

Spec.—1-10-21—M&T—1500 Blks.

(John L. Sanders)

HEALTH DEPARTMENT—CITY OF BALTIMORE

04823

CERTIFICATE OF DEATH.

100-001 E 04823

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. 18-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. Sanders

(a) RESIDENCE NO. 316 N. Arlington ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec 13, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76 Yr.			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer 057

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals Bloods (Address)

15 Filed JAN 21 1925 ROBERT R. KRAUSE Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1925, to Dec. 18, 1925, that I last saw him alive on Dec. 18, 1925, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Willis M. D.

12/19, 19 25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 12/22 19 25

20 UNDERTAKER George J. Smith — ADDRESS 153 Hollins

Burial Permit Issued

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04824 161-00 04824

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST., 6-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Baum.

(a) RESIDENCE No. 315 N. Elwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 30-24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — 000

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Fredrick Baum

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mamie Cummings

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Mrs Fredrick Baum
(Address) 315 N. Elwood Ave

15 Filed DEC 21 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17, 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1925, to Dec 17, 1925,

that I last saw her alive on Dec 17, 1925,

and that death occurred, on the date stated above, at 7.25 H. m.

The CAUSE OF DEATH* was as follows:

Cerebral Birth Palsy.
Malnutrition

OWV

(duration) yrs. 11 mos 17 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno A Timmins M. D.

, 19 (Address) M D Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Wholy Redeemer — DATE OF BURIAL 12-26-1925

20 UNDERTAKER John A Moran — ADDRESS 3000 E. 13

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04825

CERTIFICATE OF DEATH.

1146

REGISTERED NO. E 04825

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp ST., 12-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Katherine Hayes

(a) RESIDENCE NO. 307 E. 28th Street, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jno A Hayes

6 DATE OF BIRTH (month, day, and year) Mar 1-1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Patrick Joyce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Donohue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Katherine A Hayes 307 E 28th St

15 Filed DEC 21 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-25

17 I HEREBY CERTIFY, That I attended deceased from 12-7-25, 19 to 12-19-25, 19, that I last saw h alive on 12-19-25, 19, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Eclampsia (Syphilis 1918)
Puerperal Septicemia

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Anemia & Dyspnea

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 12-7-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Hayes, M. D.

, 19 (Address) Md General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md. DATE OF BURIAL 12-22-1925

20 UNDERTAKER John A. Moran ADDRESS 3000 E. Balt

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04826

CERTIFICATE OF DEATH.

44 E 04826

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 E. Balto ST., 6-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah B. Bliss

(a) RESIDENCE No. 1726 E Baltimore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): M

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wolf. Bliss

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: Years 61 | Months — | Days — | If LESS than 1 day. .... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address) 1439 E Balto St

15 Filed DEC 21 1925 ROBT. R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/21 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 16 1925 to Dec 21 1925, that I last saw h[er] alive on Dec 19 1925, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus

(duration) 1 yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? Yes Date of Feb 18 1925

Was there an autopsy? No

What test confirmed diagnosis? Exploration Operation

(Signed) Robert I. Miller M. D.

, 19 (Address) 3 East Read St Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 12/21 19 25

20 UNDERTAKER: John Lewis 1409 — ADDRESS: E Balto

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04827 E 04827

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2452 Lakeview Ave ST. 13-b WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate London

(a) RESIDENCE NO. 2452 Lakeview Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	w	M

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas M. London

6 DATE OF BIRTH (month, day, and year) July 14 1871

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Isaac Rolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rachael Simons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant C. M. London

(Address) 2452 Lakeview Ave

15 Filed DEC 21 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/1, 1922, to 12/20, 1925, that I last saw her alive on 12/20, 1925, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Finby, M. D.

, 19 (Address) 2320 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem	12/21 1925
20 UNDERTAKER Jack Levin 1429 S Balto St	ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04823

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04823

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. BALTIMORE CITY HOSPITALS 76-7 101-001 Registered No.

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. August W. Richter

(a) Residence No. Boy View Asylum St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1844

7-AGE. 81 yrs. ..... mos. ..... ds. If LESS than 1 day ..... hrs. or ..... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of Industry, business, or establishment in which employed (or employer). do
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, James Richter

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Richter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Baltimore City Hospitals Records

(Address)

15- Filed ..... 192... ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

DEC 21 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec. 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 1924 to Dec. 18 1925 that I last saw him alive on Dec. 18 1925, and that death occurred, on the date stated above, at 7:35 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis; Chronic myocarditis.

(Duration) 9 (History) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) Lindsay Miller M. D.

12/19, 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	....., 19...
20-UNDERTAKER. Dominion Funeral Home	ADDRESS DEC 21 1925

DEC 21 1925

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04829

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04829

99-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1537 W. Lanvale St. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeanette Smith Chatmon

(a) RESIDENCE. No. 1537 W. Lanvale ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. 7 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 9—1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm A. Chatmon

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Gabriel Neal

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant (Address) Wm A. Chatmon 1537 W. Lanvale St.

15 Filed DEC 21 1925 ROBERT R. KRAUSER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8th, 1925, to Dec 20th, 1925, that I last saw h.e alive on Dec. 18, 1925, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic bronchitis

(duration) — yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary) Malnutrition and Rickets (duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Chas. J. Keller, M. D.

12/20, 1925 (Address) 222 W. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	12/21, 1925

20 UNDERTAKER Samuel H. Mosley ADDRESS 1778 N. Bdle

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04830

W. CERTIFICATE OF DEATH.

90E 04830

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Lamb ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ronie Jones

(a) RESIDENCE NO. 806 Lamb ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted]

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Jones

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Lanie Smith

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Rosa Lee Jones
(Address) 1324 Druid Hill Ave

15 Filed DEC 21 1925 ROBERT R. KRAUTER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8th, 1925, to Dec 18th, 1925, that I last saw h alive on Dec 14th, 1925, and that death occurred, on the date stated above, at 3:06 p. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

(Address) 822 Lamb

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 12/21 1925

20 UNDERTAKER Samuel H. Buckley

ADDRESS 1538 N. Eden

Spec.—1 10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04831

CERTIFICATE OF DEATH.

90

E 04831

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 N Washington ST., 8-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie G Finch

(a) RESIDENCE NO. 1524 N. Washington ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or ~~Divorced~~, ~~(write the word)~~
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm H Finch

6 DATE OF BIRTH (month, day, and year) Dec 3 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
54			16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Washington D.C

PARENTS

10 NAME OF FATHER Frank L Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Maria C Hord

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C

14 Informant William H Finch

(Address) 1524 N. Washington St

15 Filed DEC 21 1925 19 ROBERT B. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16 — 1925 to Dec. 19 — 1925 that I last saw her alive on Dec. 18 — 1925 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) — yrs. — mos 4 ds.

CONTRIBUTORY (Secondary) Gall stones

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby M. D.

12/21/1925 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec 22 1925

20 UNDERTAKER Robt J Turner Sons

ADDRESS 1442 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 04832

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04832

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hudson + 32nd ST., 76-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Virginia Martin

(a) RESIDENCE NO. Hudson + 32nd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mns. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Calvin Thomas Martin

6 DATE OF BIRTH (month, day, and year) Oct. 21, 1865

7 AGE	Years	Months,	Days	If LESS than 1 day, ... hrs. or ... min.
	60	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Co., Md.

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Calvin T. Martin

(Address) Hudson + 32 St

15 Filed DEC 21 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1925 to Dec. 20, 1925, that I last saw her alive on Dec. 19, 1925; and that death occurred, on the date stated above, at 3:00 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma stomach,
Myocarditis & Endocarditis
Chr. Nephritis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? Same.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence.

(Signed) Geo B. Sybert, M. D.

, 19 (Address) 2802 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Dec 22 1925

20 UNDERTAKER Rott & Turner — ADDRESS 1442 N Broadway

Cor.—1-12-23—M&T—100 Bks.

E 04833

E 04833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 E. Madison St ST., 7-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George C. Young

(a) RESIDENCE NO. 1836 E. Madison St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Young

6 DATE OF BIRTH (month, day, and year) Sept 3-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	59	3	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Painter
(b) General nature of industry, business, or establishment in which employed (or employer) 050
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) New Oxford Pa.

10 NAME OF FATHER Barnitz Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Oxford Pa.

12 MAIDEN NAME OF MOTHER Margaret Lewis Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

PARENTS

14 Informant Grace Young
(Address) 1836 E. Madison St

Filed DEC 21 1925 ROBERT R. KRAUTH, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Probable Nephritis

(duration) ... yrs. ... mos. ... ds.

(Signed) J. S. H. Collier, M. D.
(Coroner.)

12-20-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Park wood Cemetery	Dec 23 1925
20 UNDERTAKER Robt J Turner Sr	ADDRESS 1443 N Broadway

Spec.—1-10-21—M&T—1500 Blks.

E 04834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162

E 04834

1-PLACE OF DEATH Baltimore, Md
West Baltimore General Hospital

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ... ST., 20-3 WARD)

2-FULL NAME Baby Boy Harvey

(a) RESIDENCE NO. 2312 Lanetta Ave ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 21, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1hr

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... 0

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER William Murray Harvey

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Gertrude Irene Gerlach

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Mrs Gertrude Irene Harvey
(Address) 2312 Lanetta Ave

15 Filed ... 19 ... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1925, to Dec 21, 1925, that I last saw him alive on Dec 21, 1925, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? yes Date of Dec 21 25

Was there an autopsy? no

What test confirmed diagnosis? ...

(Signed) George E. Shannon, M. D.

, 19 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL Dec 21 19 25

20 UNDERTAKER Geo. H. Fuhr

ADDRESS 2704 Edmondson

04835

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

100

E 04835

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1121 N. Gilmor St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward G. Corbin

(Residence in Baltimore: No. 1121 N. Gilmor St. St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): single

6-DATE OF BIRTH: Sept. 19 1924 (Month) (Day) (Year)

7-AGE: 1 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Wm. Corbin

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Viola Campbell

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Corbin

(Address) 1121 N. Gilmor

15- DEC 21 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 19 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Dec. 24 1925 (Address) 2 E 20 Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL,

WM Hillen Dec 21 1925

20-UNDERTAKER, ADDRESS

Wm H Case & Son 1400 Mosher

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04836

CERTIFICATE OF DEATH.

90 E 04836

REGISTERED NO. 15-13

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., (If not in hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Thompson

(a) RESIDENCE NO. 1522 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER John Thompson

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Susan Thompson

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant James Thompson
(Address) 1522 N. Mount St

15 Filed DEC 21 1925 ROBERT R. KNAUFF Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1925, to Dec 17, 1925,

that I last saw him alive on Dec 16, 1925,

and that death occurred, on the date stated above, at 12 20 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure.

Arth. multiple embolic.

(duration) 2 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

Valvular Dis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) John A. O'Leary, M. D.

(Address) 1134 Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kingsdale Wks. Va

DATE OF BURIAL 12/21/25

20 UNDERTAKER Saml. W. Chase & Son

ADDRESS 1400 Washington

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04837

CERTIFICATE OF DEATH.

E 04837

Registered No. 57

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS (If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. ..... St., 17-1 Ward)

2-FULL NAME Clara Kelly

(a) Residence No. 1109 Shields Alley St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6-DATE OF BIRTH (month, day and year): 1863

7-AGE: 62 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework 070
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9-BIRTHPLACE (city or town) (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Clarence Walters

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Mary Jane Walters

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Virginia

14-Informant: Baltimore City Hospitals Records
(Address) .....

15-Filed DEC 21 1925 ROBERT R. ISRAEL Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec. 19, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 3 ..... 19 25 to Dec. 19 ..... 19 25
that I last saw h[illegible] alive on Dec 19 ..... 19 25
and that death occurred, on the date stated above, at 5:20 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hypertension
Diabetes mellitus
(Duration) ... yrs. 6 (History) mos. ... ds.

CONTRIBUTORY (Secondary) Pyelonephritis and Cystitis
(Duration) ... yrs. ? mos. ... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Willis M. D.

12/20, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Affton Valley Va

DATE OF BURIAL: 12/21/1925

20-UNDERTAKER: Dennis Easton

ADDRESS 976 Paine

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04838

CERTIFICATE OF DEATH.

54

E 04838

1-PLACE OF DEATH St. Joseph's Hosp.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 18-1 WARD)

2-FULL NAME Lewis Adams

(a) RESIDENCE NO. 205 Amity Ave ST., Balt. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/e yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 062

(c) Name of employer

PARENTS

9 BIRTHPLACE (City or town) Baltimore

(State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Unknown

14 Informant M E Adams

(Address) 205 Amity St

15 Filed DEC 21 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20/1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1925, to Dec. 20, 1925, that I last saw h alive on Dec. 20, 1925, and that death occurred, on the date stated above, at 2:10 A m.

The CAUSE OF DEATH* was as follows:

Pellagra (?)

.....(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Lab.

(Signed) D. M. K Rhodes, M. D.

, 19 (Address) St Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

20 UNDERTAKER Wm Fenton

DATE OF BURIAL 12/28/25

ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04839

CERTIFICATE OF DEATH.

31 E 04839

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 510 S. Streeper St. ST., 12 WARD)

2-FULL NAME Helen Margaret Stoesch

(a) RESIDENCE NO. 510 S. Streeper St. ST., 1 WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Stoesch.

6 DATE OF BIRTH (month, day, and year) Sept. 30 - 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co. (State or country) Md.

PARENTS

10 NAME OF FATHER John E. Commaughton

11 BIRTHPLACE OF FATHER (city or town) Harford Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Stella Goldsmith

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Frank Stoesch, (husband) (Address) 510 S. Streeper St.

15 Filed ... 1925, 19... Robert J. Barrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8 1925 to Dec 19 1925

that I last saw her alive on Dec 19 1925

and that death occurred, on the date stated above, at 10.05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. Repawek M. D.

(Address) 1 Kingsdown Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Dec. 23rd 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 04840

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 04840

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Esther Place ST., 16-3 WARD)

2-FULL NAME Charles H. Prodey.

(a) RESIDENCE NO. 3205 Esther Place ST., 26 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 24- 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto md.
(State or country)

PARENTS

10 NAME OF FATHER Charles H. Prodey.

11 BIRTHPLACE OF FATHER (city or town) Balto. md.
(State or country)

12 MAIDEN NAME OF MOTHER Emma Olem

13 BIRTHPLACE OF MOTHER (city or town) Balto. md.
(State or country)

14 Informant Charles H. Prodey.
(Address) 3205 Esther Place

15 Filed 12 1925, 19 Robert J. Carrick, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1925, to Dec. 20, 1925, that I last saw h alive on Dec 20, 1925, and that death occurred, on the date stated above, at 8.00 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Broncho - Pneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. Artigiani M. D.

, 19 (Address) 294 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Dec. 23rd 1925

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

E 04841

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04841

CERTIFICATE OF DEATH.

44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 516 S. Clinton St ST., 26 WARD

2-FULL NAME Gregor Bayer

(a) RESIDENCE NO. 516 S. Clinton St ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fabina Bayer.

6 DATE OF BIRTH (month, day, and year) May 5-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	61	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Casper Bayer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosina Grogan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rosina Bayer (Wife)

(Address) 516 S. Clinton St

15 1925 Albert J. Harrison. Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1925 to Dec 19 1925, that I last saw h/m alive on Dec 18 1925, and that death occurred, on the date stated above, at 12.15 A. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Persistent Vomiting

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Caleb R. Athey M. D.

Dec 21, 1925 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL Dec. 22 1925

20 UNDERTAKER Lilly and Zeile ADDRESS 403 S. Wolfe St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04842

E 04842

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Forrest ST., 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis P. Devon

(a) RESIDENCE NO. 1116 Forrest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Isabel K. Devon

6 DATE OF BIRTH (month, day, and year) Sept 12 - 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Sergeant

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer Balto City Police Dept.

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm Devon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Keelan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Isabel K. Devon

(Address) 1116 Forrest St.

15 Filed 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 13th, 1925, to Dec 19th, 1925, that I last saw him alive on Dec 18, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas F. Smith, M. D.

12/21, 1925 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 12/22, 1925

UNDERTAKER Chas F. Bauer & Son ADDRESS 1117 Park Royal Ave

Spec.—1-10-21 M&T 1500 Blks.

E 04843

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 131

E 04843

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Robinson

(a) RESIDENCE NO. Sutherville Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE: Years 55 yrs | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm. H. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Albert Robinson

(Address) Sutherville Md

15 Dec 21 1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/20 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/18, 1925 to 12/20, 1925.

that I last saw h[illegible] alive on Dec 20, 1925

and that death occurred, on the date stated above, at 4:40 m.

The CAUSE OF DEATH* was as follows:

Gangrene, Bladder

Pyonephrosis

(over)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 3

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M. Byrnes, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rudton Md — DATE OF BURIAL: 12-23 1925

20 UNDERTAKER: George T. G. Gibson — ADDRESS: 1785 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

E 04844

HEALTH DEPARTMENT—CITY OF BALTIMORE

111-001

E 04844

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital ST. WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Kuickmann

(a) RESIDENCE NO. 1743 Bell St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna Kuickmann

6 DATE OF BIRTH (month, day, and year) Oct 10th 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (H.O.)

(b) General nature of industry, business, or establishment in which employed (or employer) Iron & Iron worker

(c) Name of employer Western Md Railway

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Kuickmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Amelia Hunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Mrs. Ida Bateman 1743 Bell St.

15 21 1925 Robert F. Harrison, Registrar

Burial Permit Cibut

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/19/1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1925, to Dec. 19, 1925,

that I last saw h alive on Dec. 19, 1925

and that death occurred, on the date stated above, at 3 45 pm

The CAUSE OF DEATH* was as follows:

Perforated Gastric Ulcer.

(Acute)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Generalized Peritonitis.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown (Coroner's Case)

Did an operation precede death? Yes Date of 12/10/25

Was there an autopsy? No.

What test confirmed diagnosis? Operation —

(Signed) E. McRhoda, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Dec 22 1925

20 UNDERTAKER E. Stakleman & Son — ADDRESS 1039 Hanover St

E 04845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04845

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mir Hospital St., 4-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Arthur Isaacs.

(Residence in Baltimore: No. Home- Glenelg Md. St.; yrs. ..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 23 (Day) 18[illegible] (Year)

7-AGE, 40 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Contractor + Builder
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Wm E. Isaac

11-BIRTHPLACE OF FATHER, (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER, Sarah E. Carr

13-BIRTHPLACE OF MOTHER, (State or Country) Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Cora E. Isaac.

(Address) Glenelg, Md.

15-

Filed 1 1925

Robert F. Harrison, Registrar.

Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 19 (Day) 192[illegible] (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ..... yrs. ..... mos. 4 hrs.

(Signed) C. O. Wade M. D. (Coroner)

Dec 19 192[illegible] (Address) 111 E Baltimore

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Ivy Hill Cem Md DATE OF BURIAL, Dec. 22, 1925

20-UNDERTAKER, Easton Sons ADDRESS Ellicott City

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04846 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04846

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 90

City of BALTIMORE: (No. 403 S Parrish St. St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Otis Ermentrout Ermentrout

(a) Residence No. 403 S Parrish St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E (nee Yeiser)

6-DATE OF BIRTH (month, day and year) Oct 2, 1870

7-AGE.	If LESS than 1 day,
55 yrs. 2 mos. 18 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Huckster

(b) General nature of industry, business, or establishment in which employed (or employer). Self

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER. John O. Ermentrout

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Sallie Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

14- (Informant) Annie E. Ermentrout

(Address) 403 S. Parrish St.

15- Filed 1925 Robert J. Harrison, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12/20/25

17- I HEREBY CERTIFY, That I attended deceased from 12/18/25 to 12/20/25

that I last saw h alive on 12/19/25

and that death occurred, on the date stated above, at 3 30 P.M.

The CAUSE OF DEATH* was as follows:

Hypertension

Chr Bronchitis

Hypostasis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Bernard Fenny, M. D.

12/21/25 (Address) 9 E. Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Dec 22, 1925

20-UNDERTAKER.	ADDRESS
Harry H Nitzke	1531 N Fremont

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04847

99-001 E 04847

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 S. Calhoun St. 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred V. Wright

(a) RESIDENCE NO. 316 S. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 25-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) md.

PARENTS

10 NAME OF FATHER Robert A. Wright

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Mildred Elloff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rob. A. Wright (Address) 316 S. Calhoun St

15 Filed 21 1925, Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/24, 1925, to 12/21, 1925;

that I last saw h alive on 12/20, 1925;

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) — yrs. — mos. 21 ds.

CONTRIBUTORY (Secondary) General Malnutrition

(duration) yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis?

(Signed) Chas. C. Conser, M. D.

12/21, 1925 (Address) 1101 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Dec 22 1925

20 UNDERTAKER Harry H. Wirtz & Co ADDRESS 1531 W. Lombard St.

Cor.—1-12-23—M&T—100 Bks.

E 04848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 04848

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 502 Ensor ST., 5-2 WARD)

2-FULL NAME Mamie Thornton.

(a) RESIDENCE NO. 502 Ensor. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Percy Thornton.

6 DATE OF BIRTH (month, day, and year) Sept 13 1880

7 AGE — Years: 45 — Months: 3 — Days: 4 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Thomas Ward.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Thelma Brust Daughter)
(Address) 2715 Reese St.

15 Filed ..... 192.... ROBERT R. KRAUTER, Registrar
DEC 22 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Congestion Lungs

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. Tilly (Coroner) M. D.

Dec 21, 1925 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenfield Mod Loudon Park Cem. DATE OF BURIAL 12-23 1925

20 UNDERTAKER E & B Harle ADDRESS 115 E West St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04849

CERTIFICATE OF DEATH.

164 E 04849

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Fitchester Ave ST.) 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie E. Malone

(a) RESIDENCE NO. 309 Fitchester Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wife. Edwin Malone

6 DATE OF BIRTH (month, day, and year) March 20-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work (at home)

(b) General nature of industry, business, or establishment in which employed (or employer) NO

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salisbury Md.

PARENTS

10 NAME OF FATHER James Bussells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salisbury Md.

12 MAIDEN NAME OF MOTHER Sarah Collett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salisbury Md.

14 Informant Mrs Edna Phillips (daughter)

(Address) 309 Fitchester Ave

Filed DEC 22 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21st 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1925, to Dec 21st, 1925,

that I last saw h alive on Dec 21st, 1925,

and that death occurred, on the date stated above, at 10 20 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. Gordy M. D.

12-21, 1925 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salisbury Md DATE OF BURIAL Dec 23

20 UNDERTAKER Wm T. Sells ADDRESS 4500 Edmondson Ave

Spec.—1-10-21—M&T—1500 Blks.

04850

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

04850

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Latrobe Apartments

CITY OF BALTIMORE: (No. East Read St Cor. Charles Sts. 11-B ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Page Peil

(a) RESIDENCE NO. Latrobe Apartment ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 22nd 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62		29 31	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Fork Union

(State or country) Spurranna County, Va

PARENTS

10 NAME OF FATHER Albert S N Peil

11 BIRTHPLACE OF FATHER (city or town) Portsmouth

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Cornelia Hope

13 BIRTHPLACE OF MOTHER (city or town) Williamsburg

(State or country) Virginia

14 Informant Bessie Potter

(Address) Latrobe Apartments

15 Filed DEC 22 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21 1925

17 I HEREBY CERTIFY, That I attended deceased from May, 1925, to Dec 21, 1925, that I last saw h[illegible] alive on Dec 21, 1925, and that death occurred, on the date stated above, at 6.10 P m.

The CAUSE OF DEATH* was as follows:

Pagets disease (Bones)

(duration) years yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral embolism (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of no

Was there an autopsy?

What test confirmed diagnosis? X-rays, Microscopical examination

(Signed) [illegible] M. D.

, 19 (Address) 122 E. Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green mount Cemetery — DATE OF BURIAL Dec 23 1925

20 UNDERTAKER John B. Spence — ADDRESS 1325 N Caroline St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04851

CERTIFICATE OF DEATH.

Z 04851

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Woodbey ST., 16-5 90 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank L. Mass

(a) RESIDENCE NO. 821 Woodbey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-26-1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 004

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Gas & Elec Co

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Vincent L. Mass

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Emma Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Emma Moss

(Address) 821 Woodbey St

15 Filed DEC 22 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1924 to Dec 20 1925; that I last saw h— alive on Dec 19 1925; and that death occurred, on the date stated above, at 1115 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhages

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Absence to me

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

(Address) 24 Lodge

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: 12-23 1925

20 UNDERTAKER: Wm Cook — ADDRESS: Sole Nest

Spec.—1-12-23—M&T—500 Blks.

E 04852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04852

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 E. Federal ST., 9-7 WARD)

2-FULL NAME Anna Engel

(a) RESIDENCE NO. 1309 E. Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 30, 1877

7 AGE — Years: 48 — Months: 2 — Days: 22 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: George Engel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Catherine Engel

(Address): 1309 E. Federal St.

15 Filed DEC 22 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 22, 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1925, to Dec. 22, 1925,

that I last saw her alive on Dec. 9, 1925,

and that death occurred, on the date stated above, at 3:30 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Pneumonia

Endocarditis

Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Peritonsilar Abscess 2 ds.

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) William A. Sinton M. D.

, 19 (Address) 2742 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 12/23 19 25

20 UNDERTAKER: William Cook

ADDRESS: 502 E Wash

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04853

CERTIFICATE OF DEATH.

24-001

E 04853

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Washington Apts Charles St. 11 Preston R. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Albert Hack

(a) RESIDENCE NO. Washington Apts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Motter

DATE OF BIRTH (month, day, and year) Sept 24th 1845

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..mnts.
	80	2	26	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Capitalist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Frederick Hack

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Annie Rieman

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Mrs Carrie M. Hack
(Address) Washington Apts

DEC 22 1925 ROBERT R. KRAUSER, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 19 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

(Signed) Hudders W. S. R[illegible], M. D.
(Coroner.)

Dec 21, 1925 (Address) 1639 Bonaday

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..yrs., ..mos., ..ds. In the State ..yrs., ..mos., ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem. DATE OF BURIAL Dec 22nd 1925

20 UNDERTAKER Henry A. Jenkins Sons Co ADDRESS Orchard & McCulloh Sts

Spec.—1-10-21—M&T—1500 Bks.

147169

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04854

E 04854

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Reed

(a) RESIDENCE NO. 1832 E. Madison ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Unknown

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed DEC 22 1925 ROBERT R. KRAMER Registrar

Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10. 1925. to Dec. 19. 1925.

that I last saw h ~~er~~ alive on Dec. 19. 1925.

and that death occurred, on the date stated above, at 9.55 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Gangrene of toe with infection

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Dec 14 '25

Was there an autopsy? Yes

What test confirmed diagnosis? Operation and autopsy

(Signed) J. L. Reichert M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn

DATE OF BURIAL 12/23 1925

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1725 Ashland

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04855

CERTIFICATE OF DEATH.

161-001 E 04855

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Bell

(a) RESIDENCE NO. 1528 McCullough St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Dec 18/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER William Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ida

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed DEC 22 1925 ROBERT R. KRAUTER, Assist Permit Clerk. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Collins, M. D. (Coroner.)

12-22-25 192 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS

DEC 22 1925

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04856

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04856

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals — 26-238 Registered No.....

City of BALTIMORE: (No. Bay View Asylum St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frederick Binder

(a) Residence No. 1574 Landon Ave. Camden St., N.J. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1843

7-AGE. 82 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ex. Soldier
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Binder

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany.

12-MAIDEN NAME OF MOTHER Mary ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- (Informant) Hospital Records
(Address) Baltimore City Hospitals

15- Filed ..... 192.. ..... Registrar.

DEC 27 1925 HERBERT R. KRAUTER

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-17-25

17- I HEREBY CERTIFY, That I attended deceased from 11-7-, 1925 to 12-17, 1925 that I last saw him alive on 12-17-, 1925 and that death occurred, on the date stated above, at 3 30 A. m.

The CAUSE OF DEATH* was as follows:
Tertiary Lues - (Unknown)
Multiple urinary Perineal fistulae (Mos)
Chronic Myocarditis (Unknown)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec-16-25
Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Test.

(Signed) Dr. A. P. Chamberlain, M. D.
(Address) Balto City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
National Cemetery	12/22/25
20-UNDERTAKER. Hof Funeral Dir.	ADDRESS 1127 E. Balto St

Spec.—1-12-23—M&T—500 Bks.

E 04857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 90 E 04857

1-PLACE OF DEATH U. S. Marine Hospital no 1-2 — REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 12-2 WARD)

2-FULL NAME James Golden.

(a) RESIDENCE No. 1335 Union St ST., ... WARD .....

(Usual place of abode) Washington D C (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ——— yrs. ——— mos. ——— ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	black	Married.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Fannie Golden

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER Cy Golden

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Jane Tate

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant self
(Address)

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Burial Permit Clerk
DEC 22 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1925, to Dec 18, 1925, that I last saw h— alive on Dec. 18, 1925, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) 2 yrs. ——— mos. ..... ds.

18 Where was disease contracted if not at place of death? No Given.

Did an operation precede death? No Date of ———

Was there an autopsy? No

What test confirmed diagnosis? Physical findings & Laboratory

(Signed) M. A. Foltz, M. D.

19 (Address) U S Marine Hospt #1, Balt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Dec 24 1925
20 UNDERTAKER Sol Levinson & Bro	ADDRESS 1127 E Baltimore St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04858

CERTIFICATE OF DEATH.

E 04858

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hospital #1 (ST.) Baroche (WARD) 7

REGISTERED NO. 2621

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Matteson

(a) RESIDENCE No. 862 N. 4th St., (ST.) Philadelphia (WARD) Pa.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ×

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oiler do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Roumania
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Himself.
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 23 1924 June 30 1925 to July 28 1925 to Dec 21 1925, that I last saw him alive on Dec 20 am Dec 21 1925, and that death occurred, on the date stated above, at 1.25 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis pulmonary, chronic

Approx 2 years (duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory + Bacteriology

(Signed) M. A. Foster M. D.

12/22/1925 (Address) U.S. Marine Hospital Baroche

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL 12/22/1925

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Baltimore St

Spec.—1-12-23—M&T—500 Bks.

E 04859 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4/4 E 04859

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1238 Mc Elderry ST. 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Simon

(a) RESIDENCE NO. 1238 Mc Elderry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Max Simon

6 DATE OF BIRTH (month, day, and year) — 1871

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	54	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harris Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Max Simon

(Address) 1238 Mc Elderry St

15 Filed DEC 22 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 19 25

17

I HEREBY CERTIFY, That I attended deceased from Nov. 25, 19 25, to Dec. 21, 19 25, that I last saw h[illegible] alive on Dec 21, 19 25, and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 4 mos. [illegible] ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert L. Levy, M. D.

(Address) 625 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04860

CERTIFICATE OF DEATH.

E 04860

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 346 S. Stricker St., 19-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Hurwitz

(a) RESIDENCE No. 346 S. Stricker St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Hurwitz

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hyman Hurwitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Levis

(Address) 1439 Eastern Ave.

15 Filed DEC 22 1925 ROBERT M. MAHON Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/10, 1925, to 12/21, 1925, that I last saw him alive on 12/21, 1925, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) — yrs. 10 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 10/1925

Was there an autopsy? Exploratory Laparotomy

What test confirmed diagnosis? & W. Protestant Dept.

(Signed) Dan Svamlien, M. D.

12/24, 1925 (Address) 1226 E. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Wash. Road

DATE OF BURIAL 12/22 1925

20 UNDERTAKER Jack Levis

ADDRESS 1439 E. Lee St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04861

CERTIFICATE OF DEATH.

101-001

E 04861

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1117 N. Milton Ave ST., 8-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse J. Perry

(a) RESIDENCE NO. 1117 N. Milton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mabel E. Perry

6 DATE OF BIRTH (month, day, and year) June 5/1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Frank Novak

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Eli Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Eli Perry
(Address) 1117 N. Milton Ave

Filed DEC 22 1925 WILLIAM R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1925, to Dec. 22, 1925, that I last saw h~~im~~ alive on Dec. 21, 1925 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Vincent T. Dooka M. D.

12/22/25 (Address) 845 N. Patterson Pk. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec. 24 1925
20 UNDERTAKER	ADDRESS
Henry Horch Son	1501 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04862

CERTIFICATE OF DEATH.

47 E 04862

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Monument & Rutland Ave ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Rosen.

(a) RESIDENCE NO. 1620 Abbott St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	W.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 19 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS:

10 NAME OF FATHER Anton Rontal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Charles A. Rontal

(Address) 1620 Abbott St

15 Filed DEC 22 1925, 19.. WILLIAM R. KRAUER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1925, to Dec. 20, 1925, that I last saw h[illegible] alive on Dec 20, 1925, and that death occurred, on the date stated above, at 6:35 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left breast c metastases to liver

To my Knowledge (duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Cachexia c C.V. Failure

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. Arthur Linde, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Dec 28 1925

20 UNDERTAKER Henry Horch Son

ADDRESS 1301 E Eager St

Spec—12-23-21—E.B.R.S.—400 Eks.

E 04863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 ✓ E 04863

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 1-1 Registered No.....

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... ~~William Robert Mitchell~~ Robert Mitchell

(a) Residence No. 6 S. Collington Ave. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) ~~Married~~

5a-If married, ~~widowed, or divorced~~, HUSBAND of (or ~~WIFE of~~) ~~xxxxxxx~~ Ida V. Mitchell

6-DATE OF BIRTH (month, day and year) March 14, 1851

7-AGE. ~~74~~ 74 yrs. 9 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)..... 015

(c) Name of employer.....

9-BIRTHPLACE (city or town)..Baltimore Co., (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George T. Mitchell

11-BIRTHPLACE OF FATHER (city or town)..Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Emily A. Bond

13-BIRTHPLACE OF MOTHER (city or town)..Balto. Co. (State or Country), Maryland

14- (Informant) Baltimore City Hospitals Records

(Address).....

15- DEC 22 1925 ROBERT R. KRAUSE Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 20, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1925 to Dec. 20, 1925 that I last saw h~~im~~ alive on Dec. 20, 1925 and that death occurred, on the date stated above, at 6:05 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Wells, M. D.

12/31, 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Dec. 23. 1925
20-UNDERTAKER, Mitchell & Jones Inc	ADDRESS 424 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04864 — 161 — E 04864

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 Fleet ST., 6-1 WARD)

2-FULL NAME Irene Elizabeth Auterback.

(a) RESIDENCE NO. 2126 Fleet ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
			8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md. (State or country)

PARENTS

10 NAME OF FATHER George Auterback

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Marie Mills

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

14 Informant Mrs Irene Schaarn (Address) 2126 Fleet St.

15 Filed DEC 22 1925 ROBERT P. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 12 1925 to Dec 20 1925

that I last saw h[illegible] alive on Dec 20 1925

and that death occurred on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows: Premature Infant

Berth (duration) mos 8 ds.

CONTRIBUTORY (Secondary) Heart Debilitation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Fred Edmunds, M. D.

(Address) 200 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL Dec 27 1925

20 UNDERTAKER Lilly + Zeiler — ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04865

100-001

CERTIFICATE OF DEATH.

E 04865

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 N. Eden ST., 9 WARD) 97

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Kenette Gutridge

(a) RESIDENCE No. 1504 N. Eden ST., 8 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 11 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles F. Gutridge

11 BIRTHPLACE OF FATHER (city or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Lorretta M. Brain

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant Charles F. Gutridge

(Address) 1504 N. Eden St. C.

15 Filed ....., 19 ..... Registrar

ROBERT R. KRAMER

DEC 22 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21st 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1925, to Dec. 21st, 1925,

that I last saw him alive on Dec. 20, 1925,

and that death occurred, on the date stated above, at 4:50 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 0 yrs. 0 mos 4 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. F. Hoffman, M. D.

12-24, 1925 (Address) 1416 N. Carlton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Dec 24 1925

20 UNDERTAKER: Lilly & Zeller

ADDRESS: 403 S. Wolfe St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04866 04866

CERTIFICATE OF DEATH.

REGISTERED NO. 11-02

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1067 W Lexington ST. 18-2 WARD)

2-FULL NAME Clara Other

(a) RESIDENCE NO. 1067 W Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced (or) WIFE of Widow

6 DATE OF BIRTH (month, day, and year) June 14 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Cato Md

PARENTS

10 NAME OF FATHER Wm Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cato Md

12 MAIDEN NAME OF MOTHER Harriett Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cato Md

14 Informant Thomas Brown

(Address) 1067 W Lexington St

15 Filed DEC 22 1925 ROBERT R. KRAUTER. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1925, to Dec 19, 1925, that I last saw her alive on Dec 18, 1925, and that death occurred, on the date stated above, at 3.20 a m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. S. Harrell M. D.

(Address) 149 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Dec 23rd 1925

20 UNDERTAKER R. Jones

ADDRESS 1118 Gilmor St

Spec—12-23-21—E.B.R.S.—400 Eks.

E 04867

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04867

CERTIFICATE OF DEATH.

Registered No. 31

1-PLACE OF DEATH

City of BALTIMORE. (No. BALTIMORE CITY HOSPITALS St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Cook

(a) Residence No. 19 N. Frederick St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1860

7-AGE. 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer): 047

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Henry Cook

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Cook

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Baltimore City Hospitals Records

(Address)

15- Dec 22 1925 192 ROBERT H. KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 19, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 14 1925 to Dec. 19 1925

that I last saw h— alive on Dec. 19 1925

and that death occurred, on the date stated above, at 1:35 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous pneumonia

(History Blood)

(Duration) yrs.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory & autopsy

(Signed) W. Lindsay Miller M. D.

12/24, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Sacred Heart — DATE OF BURIAL. 12/28/25

20-UNDERTAKER 88 Fahey Sons — ADDRESS 1318 Light St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04868

CERTIFICATE OF DEATH.

21-390 04868

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Rossiter

(a) RESIDENCE NO. 1040 Hanbury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER Lawrence Rossiter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed DEC 22 1925 ROBERT R. [illegible] Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1925, to Dec. 20, 1925, that I last saw him alive on Dec 20, 1925, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Myocarditis
(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure
(duration) yrs. mos. hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Dillon. M. D.

12/22 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Sacred Heart

DATE OF BURIAL 12/28 25

20 UNDERTAKER Frahey Sons

ADDRESS 1315 Eight St

E 04869

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04869

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1114 Division St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... John Norris

(Residence in Baltimore: No. 1114 Division St. ..... St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	Colored	married

6-DATE OF BIRTH. about 1879
(Month) (Day) (Year)

7-AGE. 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Store keeper
(b) General natnre of industry, business, or establishment in which employed (or employer). (Grocery Store

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. John H. Norris

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Lottie Miller

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Norris

(Address) 1114 Division St

15-
FILED DEC 22 1925 ROBERT R. KRAUTER,
Burial Permit (Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 18, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry
(Inquest, autopsy or inquiry.)
find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy, M. D.
(Coroner.)

Dec 19, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cem	12-22-25
20-UNDERTAKER. Samuel F. Handy	ADDRESS. 1811 E Mad

Spec.—1-10-21—M&T 1500 Blks.

E 04870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04870

CERTIFICATE OF DEATH.

1248

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 516 E. Southern Ave St., Hamilton WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Lydia Ditman

(a) RESIDENCE No. 516 E. Southern Ave St., Hamilton WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of H. Leonard Ditman

6 DATE OF BIRTH (month, day, and year) Jan. 27 1871

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
54	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home 037

(c) Name of employer

9 BIRTHPLACE (city or town) Bedford (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Samuel S. Henry

11 BIRTHPLACE OF FATHER (city or town) Railroad (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Margaret A. Rubl

13 BIRTHPLACE OF MOTHER (city or town) Shrewsbury (State or country) Pennsylvania

14 Informant H. Leonard Ditman (Address) 516 E. Southern Ave.

15 Filed DEC 22 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to Dec 20, 1925, that I last saw h alive on Dec 20, 1925, and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia — Thrombosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cancer of Face Beginning (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. Smink M. D.

, 19 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Deer Park Cemetery Carroll Co.	Dec 23 1925
20 UNDERTAKER	ADDRESS
Fredk Lassahn & Sons	Fulberton

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04871

E 04871

125

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) 18-1 ST., (WARD)

2-FULL NAME Smith, George Harry

(a) RESIDENCE NO. 1029 Bennett Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 10 mos. 1 ds. How long in U. S., if of foreign birth? —yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Johanna Holman Smith

6 DATE OF BIRTH (month, day, and year): Feb 20 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50		10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Wm. S. Wood & Co, N. Howard St.

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Charles L. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mass?

12 MAIDEN NAME OF MOTHER: Katherine Glendage

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Frederick Charles Smith

(Address): 137 Wyman Way (Overlea)

15 Filed DEC 22 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1925, to Dec 21, 1925,

that I last saw him alive on Dec 21, 1925,

and that death occurred, on the date stated above, at 9:30 p m.

The CAUSE OF DEATH* was as follows:

Pancreatitis Acute

(duration) yrs. mos 1st ds.

CONTRIBUTORY (Secondary) x Nephritis. Chronic (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec 14, 1925

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. W. Bo- M. D.

12/24, 1925 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Dec 24 1925

20 UNDERTAKER: Wm. Tickner & Sons — ADDRESS: North & Pa

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04872

CERTIFICATE OF DEATH.

90

E 04872

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 155 S. Arlington Ave ST. 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Louise Peterman

(a) RESIDENCE No. 155 S Arlington Ave ST. , WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Y. Peterman

6 DATE OF BIRTH (month, day, and year): Mar. 16 1851

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Phila Pa

PARENTS

10 NAME OF FATHER: Chas. Fuhlman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eleanor Hering

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Dorsey S. Dent

(Address) 155 S. Arlington Ave

15 Filed DEC 22 1925 19 ROBERT F. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1923, to Dec 21, 1925, that I last saw her alive on Dec 20, 1925, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease complicating Chronic Bronchial Asthma

(duration) over 2 yrs. 9 mos. ✓ ds.

CONTRIBUTORY (Secondary): None

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) [signature] M. D.

Dec 22 1925 (Address) 1208 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Peace Cem. Phila Pa — DATE OF BURIAL: Dec 24 25

20 UNDERTAKER: Wm. Fletcher Sons — ADDRESS: Norwood Pa

E 04873

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04873

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Mercy Hospital St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Barraya

(Residence in Baltimore: No. 214 E. Eager St St.; 2½ yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. ..... - ..... - 1891
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
34 yrs. - mos. - ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 137

9-BIRTHPLACE, (State or Country), Turin Italy

PARENTS.

10-NAME OF FATHER, Do not know

11-BIRTHPLACE OF FATHER, (State or Country), "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Barraya

(Address) 214 E. Eager St.

15-
Filed DEC 22 1925 192.... ROBERT P. LAMDIN
Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 21 25
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or Inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Vertebrae
Caused by a accidentally
Falling from porch
2 days (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia, traumatic
Post Febrile
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Kelly M. D.
(Coroner.)
Dec 22 192.5. (Address) 1654 Eager

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs. 1½ mos.....ds. In the State.....yrs. .....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	12/23 192 5

20-UNDERTAKER,	ADDRESS
Henry W. Mears & Son	805 N. Calvert St

Spec.—1-10-21—M&T—1500 Bks.

a- Virginia O'Leary ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

04874 E 04874

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 15-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss A. Virginia O'Leary.

(a) RESIDENCE No. 3415 Brantley Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Not known.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse (registered)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Woman's Hospital.

9 BIRTHPLACE (city or town) Baltimore.
(State or country)

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Not known.
(State or country)

14 Informant Helen M Nottingham
(Address) 3415 Brantley Road.

15 Filed DEC 22 1925 ROBERT N. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925, to Dec 21, 1925, that I last saw her alive on Dec. 21, 1925, and that death occurred, on the date stated above, at 9:50 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy findings.

(Signed) H. M. Slack, M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL 12/28 1925

20 UNDERTAKER Henry W Mears & Son ADDRESS 805 N Calvert

Permit Issued

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04875

CERTIFICATE OF DEATH.

65-001

E 04875

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard A. Kelly Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara T. Waite.

(a) RESIDENCE NO. 1606 Eutaw Place ST., Baltimore, Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 17. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel R. Waite

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Josephine Saunders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Herbert Waite

(Address) Raymond Co

15 Filed ..... 19 ..... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1925, to Dec. 21, 1925.

that I last saw h[illegible] alive on Dec. 21, 1925,

and that death occurred, on the date stated above, at 10 35 p.m.

The CAUSE OF DEATH* was as follows:

Splenomyelogenous leukaemia

(duration) 1 yrs. mos da.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood counts physical exam

(Signed) Robert E. Flicke, M. D.

, 19 (Address) 1418 Eutaw Place, City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Dec 23 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	120 W Fayette

Spec.—5-19-13—M. & T.—500 Bks.

E 04876

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 ✓ 04876

CERTIFICATE OF DEATH.

1-PLACE OF DEATH " " " REGISTERED NO. C

CITY OF BALTIMORE: (No. 3017 Frederick Ave. St.) 70-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Garrett

(Residence in Baltimore: No. 3017 Frederick Ave St.; yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female. 4-COLOR OR RACE, White. 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single.

6-DATE OF BIRTH, July (Month) 1 (Day), 1920 (Year)

7-AGE, 5 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John M. Garrett

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Catherine Spahn

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M. Garrett

(Address) 3017 Frdk Ave

15- DEC 22 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 21 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 20 1925, to Dec. 21 1925, that I saw h[illegible] alive on Dec 21 1925, and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cancer

(Duration) yrs. 3 mos. ds.

(Signed) A. D. Driscoll M. D.

Dec 21, 25 (Address) 121 Mulberry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Dec. 23. 1925

20-UNDERTAKER L. W. Dill — ADDRESS 3109 Frdk. Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04877

162

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 Cecil St ST. 12-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Wiles-

(a) RESIDENCE. NO. 2130 Cecil St. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	✓

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec. 22-25

7 AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ 000

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) 2130 Cecil St Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry Wiles

11 BIRTHPLACE OF FATHER (city or town) ✓?
(State or country)

12 MAIDEN NAME OF MOTHER Virginia Carter

13 BIRTHPLACE OF MOTHER (city or town) Crisfield
(State or country) Virginia

14 Informant Virginia Carter
(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 22 1925, 19 Robert F. Carrick, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....,

that I last saw h.....alive on....., 19.....,

and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Atelectasis

5 hrs -
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Delay in having card tied -
Congenital Heart Card - (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert Emmett Mitchell, M. D.

Dec 22 1925 (Address) 711 W Lanvale Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	DEC 22 1925

20 UNDERTAKER Commissioner Health.
ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 04878 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 129 E 04878

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. St. Joseph's College St. 25-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferdinand Brinkman

(a) RESIDENCE NO. Mt. St. Joseph's College WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) April 16, 1848

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Bro Isadore (Address) Mt St Joseph Col

15 Dec 21 1925 Robert O. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 1925, to Dec 21 1925, that I last saw h— alive on Dec 20 1925, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. A. Knell, M. D.

12/30 1925 (Address) Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. cathedral — DATE OF BURIAL Dec 23 1925

20 UNDERTAKER F. A. Wanner & Son — ADDRESS 703 Hanover

Spec.—1-10-21 M&T 1500 Blks.

E 04879

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04879

CERTIFICATE OF DEATH.

X 100-0

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2532 Druid Hill Ave ST. 12-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa M. Wyatt

(a) RESIDENCE NO. 2532 Druid Hill Ave ST., WARD High Point N. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waitress

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ashborough N. Carolina

PARENTS

10 NAME OF FATHER: Joseph M. Lytle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ashborough N. C.

12 MAIDEN NAME OF MOTHER: Lucy Cox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ashborough N. C.

14 Informant: Joseph M. Lytle
(Address) Greensboro, N. C.

15 Filed ... 1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1925, to Dec 21, 1925, that I last saw h[illegible] alive on Dec 20, 1925, and that death occurred, on the date stated above, at 7 30 A m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) 10 hours

CONTRIBUTORY (Secondary): Gastro-Enteritis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. H. Peter, M. D.

1/1/26 1925 (Address) 1115 Bonner Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: High Point N. C. DATE OF BURIAL: 12/23/25

20 UNDERTAKER: Jane W. Chase Mortuary ADDRESS: 1400 Main St

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04880 E 04880

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levima Pearl Phillips

(a) RESIDENCE NO. 3812 Hickory Ave ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard E. Phillips

6 DATE OF BIRTH (month, day, and year) March 19/1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	9	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Edward N. Meyls

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Laura E. Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Howard E. Phillips (Address) 3812 Hickory Ave

15 Filed 12-22-1925, 192 Robert F. Morrison, Registrar

Burial Permit Clear

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Myocarditis-Mitral Stenosis
(Auricular Fibrillation-Pregnant
7 to 8 months.)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. H. Cotter, M. D.
(Coroner)
12-22-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Dec. 24 1925
20 UNDERTAKER	ADDRESS
Horace F. Burgee	3821 Gale Rd

E 04881

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04881

CERTIFICATE OF DEATH.

57

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 N. Calvert St. 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry T. Cole

(Residence in Baltimore: No. 2813 N. Calvert St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 18th (Day) 1866 (Year)

7-AGE, 59 yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 66
(b) General nature of industry, business, or establishment in which employed (or employer)..... Salesman

9-BIRTHPLACE, (State or Country), Boston Mass.

PARENTS.

10-NAME OF FATHER, Harry Cole

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER Martha James

13-BIRTHPLACE OF MOTHER (State or Country), Boston

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth C. Cole

(Address) 2813 N. Calvert

15-

Filed ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH December 21st, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1925, to Dec 21st 1925, that I saw h[illegible] alive on Dec 21st 1925, and that death occurred, on the date stated above, at 5:20 P.m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. 2 mos. ds.

(Signed) A. D. Emerthorpe M. D.

12/22, 1925 (Address) 1901 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Dec 23, 1925

20-UNDERTAKER W. M. Poulson

ADDRESS 2238 N. Howard

2 1925 Burial Permit Clerk

Almond Lydard.

Spec.—6-9-19—H. P. Co.—1000 Bks.

04882

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 04882

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3936 Edmondson St. 16-2 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Armand Lydard

(a) RESIDENCE. No. 3936 Edmondson Ave. St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-3-1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Machinist Engineer 030

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Italy and

PARENTS

10 NAME OF FATHER Louis Lydard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ellen Fahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Louis Lydard, (Address) 3936 Edmondson Ave

15 Filed DEC 23 1925 19 ROBERT R. KRAUER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21st 19 25

17

I HEREBY CERTIFY, That I attended deceased from Dec 17th 19 25, to Dec 21st 19 25,

that I last saw h.. alive on Dec 21st 19 25,

and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj O McCleary, M. D.

Dec. 19 25 (Address) 700 N Bayard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Dec 24 1925

20 UNDERTAKER: Geo. Leimbach & Son ADDRESS: 649 W Pratt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04883 100-002 E 04883

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1531 E Madison ST., 1-1 WARD)

2-FULL NAME Hester A Smith

(a) RESIDENCE NO. 1531 E Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced. (Write the word): Widowed

5a If married, widowed, or divorced (~~Husband of~~) (or) WIFE of: Chas Smith

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 74 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Jos Greene

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sophia Greene

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Martha Young (daughter)

(Address): 417 N Spring Ave

15 Filed DEC 23 1925 19 ROBERT R. KRAUSE, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/22 1925

17

I HEREBY CERTIFY, That I attended deceased from 12/14 1925 to 12/22 1925

that I last saw her alive on 12/21 1925

and that death occurred, on the date stated above, at 8 55 A. m.

The CAUSE OF DEATH* was as follows:

Acute Capillary Bronchitis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Severe Bronchitis and Myocarditis (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

12/22/25 19 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: 12/24/1925

20 UNDERTAKER: J Town Hall — ADDRESS 753 Druid

TION IS very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04884 — 90 — E 04884

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 652 Vine St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Joseph Mosely

(a) Residence No. 652 Vine St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. col

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Emma Mosely

6-DATE OF BIRTH (month, day and year) 1881

7-AGE. 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Baker

(b) General nature of industry, business, or establishment in which employed (or employer). Home Bakery

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Charlottesville Va

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. unk

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unk

14-

(Informant) emma mosley

(Address) 652 vine st

15-

DEC 23 1925

ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-20-25

17- I HEREBY CERTIFY, That I attended deceased from 12-11, 1925 to 12-20, 1925, that I last saw him alive on 12/19, 1925, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Subacute Bacterial Endocarditis Myocarditis

Heart Lesion (Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

Nephritis (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. F. Jackson M. D.

, 19 (Address) 800 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Clover Va — DATE OF BURIAL. Dec 23, 1925

20-UNDERTAKER. Edward Bryan — ADDRESS 1631 Orleans St

Spec.—1-10-21 M&T 1500 Blks.

E 04885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 04885

1-PLACE OF DEATH University Hospital — REGISTERED NO. .....

CITY OF BALTIMORE: (No. Baeto. Md. ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Procter

(a) RESIDENCE NO. 443 W. Monument St. ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: B

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1891

7 AGE: Years 34 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED: Launderess.

(a) Trade, profession or particular kind of work: Housemaid. Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltemore Md

PARENTS

10 NAME OF FATHER: Charles Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Bryant

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Sister (Nettie Brown)

(Address) 310 N. Bethel st

15 Filed ....., 19 ..... Registrar

ROBERT R. KRAUFER

DEC 23 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/21 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/1, 1925, to 12/21, 1925, that I last saw h.e alive on 12/7, 1925, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis & Hypertension. Uremia. Apoplexy.

15 (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplectic Attack (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinically. Lab. Autopsy

(Signed) Samuel Shrik M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery — DATE OF BURIAL: Dec 24 1925

20 UNDERTAKER: Edward Bryan — ADDRESS 165 [illegible]

Date of Burial extended 12/26/25 9 a m.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04886 E 04886

CERTIFICATE OF DEATH.

124

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 W. Montgomery ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Anna Jones

(a) RESIDENCE. No. 125 W. Montgomery ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Jones

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 43. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Solomon Rolling
11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.
12 MAIDEN NAME OF MOTHER: Matilda Habit
13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Annie Allen
(Address) 125 W. Montgomery St

15 Filed DEC 23 1925 19 ROBERT R. KRAMER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/20/ 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1925, to Dec. 20, 1925, that I last saw h alive on Dec. 20, 1925, and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Uremia

CONTRIBUTORY (Secondary) Cancer of Uterus (duration) yrs. 2 mos. ds.
Rales (duration) about 2 hours yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) John H. Thompson M. D.

Address 1019 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Dec 23 1925

20 UNDERTAKER: R. L. Parham — ADDRESS: 906 Leadenhall St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04887

CERTIFICATE OF DEATH.

-74-001

E 04887

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1926 Whitelock St. 20-5 (ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucinda Swann

(a) RESIDENCE NO. 1926 Whitelock St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or Country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14 Informant Annie Garnett

(Address) 1926 Whitelock St

15 Filed DEC 23 1925 HERBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21st 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1925, to Dec 21st, 1925,

that I last saw her alive on Dec 21st, 1925;

and that death occurred, on the date stated above, at 11-30 P m.

The CAUSE OF DEATH* was as follows:

Multiple Hematoma

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Wagner, M. D.

, 19 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12/24/25

20 UNDERTAKER Daniel Parker ADDRESS 916 Pa Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04888

E 04888

CERTIFICATE OF DEATH.

REGISTERED NO. 1-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1016 Shields alley ST., (Ward) 1

2-FULL NAME Jennie Stevenson

(a) RESIDENCE NO. 1016 Shields av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. J. Grayson (Address) 1016 Shields alley

15 Filed DEC 23 1925, 19 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-22 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec-16-, 1925, to Dec-22-, 1925, that I last saw her alive on Dec-21-, 1925, and that death occurred, on the date stated above, at 1:10 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral Hemorrhage)

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Coleman M. D.

Dec 23 1925 (Address) 2039 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12/23/1925
20 UNDERTAKER Hamm Easton	ADDRESS 916 Pa ave

IMPORTANT: See instruction on back of certificate

Spec.—1-10-21—M&T—1500 Bks.

04889

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 04889

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 914 Parrish St., 16-6 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Rollings

(a) RESIDENCE NO. 914 Parrish ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE: Years 57; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City (State or country)

PARENTS

10 NAME OF FATHER [illegible] Forbes

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant Son Corrigan

(Address) 914 Parrish St. Baltimore

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

DEC 28 1925 Health Board Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 5 1925 to Dec 22 1925

that I last saw her alive on Oct 22 1925

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) ..... yrs. 2 mos 17 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? —

What test confirmed diagnosis? .....

(Signed) B. F. Hatcher M. D.

12/28 19 25 (Address) 1 9-7 5 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Burn

DATE OF BURIAL 12/23/1925

20 UNDERTAKER Dan Eastland

ADDRESS 916 Oa ave

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 04890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04890

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS Registered No. 16-629

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Randolph

(a) Residence No. 1118 Stockton St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female | 4-COLOR OR RACE, colored | 5-Single, Married, Widowed, or Divorced, (Write the word.) widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1883

7-AGE. 42 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Thos. Stovall

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Silvia Stovall

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Baltimore City Hospitals Records
(Address) .....

15- Filed DEC 23 1925 VINCENT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 19, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1925 to Dec. 19, 1925

that I last saw her alive on Dec. 19, 1925

and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension
Chronic nephritis
Myocardial failure
3 (history)
(Duration) 3 yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? laboratory

(Signed) Lindsay Kolb M. D.

12/20, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn | DATE OF BURIAL, Dec-23, 1925

20-UNDERTAKER Virginia A. Brooks | ADDRESS 1463 N. Carey St

Spec.—1-10-21—M&T—1500 Bks.

E 04891 HEALTH DEPARTMENT—CITY OF BALTIMORE 129 E 04891

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2726 Boston ST., 1-3 WARD)

2-FULL NAME Steve Pupa

(a) RESIDENCE NO. 2726 Boston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 9 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 24. 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	19	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill work

(b) General nature of industry, business, or establishment in which employed (or employer) Steel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles Pupa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Kogut

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Charles Pupa
(Address) 2726 Boston St

15 Filed DEC 23 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1925, to Dec 24, 1925, that I last saw h... alive on Dec 24, 1925, and that death occurred, on the date stated above, at 5:00 m.

The CAUSE OF DEATH* was as follows:

Myocardial Convulsion

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Kovacek, M. D.

Dec 24, 1925 (Address) 2814 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus DATE OF BURIAL Dec 24 1925

20 UNDERTAKER M. F. Sadowski ADDRESS 1705 S. Ann

FOR IS very important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—1-10-21—M&T—1500 Bks.

Kusch.

E 04892

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 001

E 04892

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 702 E. Lakewood ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John (Ignacy) Kusch

(a) RESIDENCE NO. 702 E. Lakewood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kusch

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Andrew Kusch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Hedwig —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Kusch. (Wife.)

(Address) 702 E. Lakewood ave

15 Filed DEC 23 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21. 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1925, to Dec. 21, 1925, that I last saw him alive on Dec. 21, 1925, and that death occurred, on the date stated above, at 3 45 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Andrew Kuszowski, M. D.

, 19 (Address) 3549 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus.

DATE OF BURIAL Dec 24. 1925.

20 UNDERTAKER W. F. Dadowski.

ADDRESS 905 S. Ann

Spec.—6-9-19—H. P. Co.—1000 Bks.

Lilly

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04893 E 04893

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 McHenry St.: 20-4 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melissa D. Kelly

(a) RESIDENCE. NO. 2127 McHenry ST., 20 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robt E. Kelly

6 DATE OF BIRTH (month, day, and year): Jun 3, 1848

7 AGE — Years: 77 — Months: 6 — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Robt E. Kelly Jr.

(Address) 2127 McHenry

15 Filed DEC 23 1925 Registrar ROBERT R. KNOTT, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1925 to Dec 22, 1925

that I last saw h alive on Dec 22, 1925

and that death occurred, on the date stated above, at 3-45 A.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. R. Campbell M. D.

Dec 22 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Dec 28 1925

20 UNDERTAKER: Miles & Sons — ADDRESS: 1737 W. Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04894

CERTIFICATE OF DEATH.

11-001

E 04894

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 N. Broadway ST., 8-2 WARD)

2-FULL NAME Emma C. Burgess

(a) RESIDENCE No. 1614 N. Broadway ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 30-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER James R. Burgess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma McKim

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Mrs. Laura K. Hodges
(Address) 1614 N. Broadway

15 Filed ....., 19 ..... Registrar

DEC 23 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1925, to Dec. 19, 1925,
that I last saw h[illegible] alive on Dec. 19, 1925,
and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Influenza -
Broncho-pneumonia C.1

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Abbott, M. D.
12/24 1925 (Address) 701 N. Fremont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Dec. 23 1925

20 UNDERTAKER Albert E. Fuller ADDRESS 4806 Harford ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04895

CERTIFICATE OF DEATH.

176 E 04895

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Liberty Hgts Ave & Dennison ST., 15-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Judith Esther Deutchman

(a) RESIDENCE NO. Liberty Hgts Ave & Dennison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 15 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child NO

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Benjamin Arnold Deutchman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Jennie Stolzen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia Russia

14 Informant Benjamin Arnold Deutchman

(Address) Liberty Hgts Ave & Dennison

15 Filed DEC 23 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 1 - 1925, to Dec 23, 1925,

that I last saw h alive on Dec 23, 1925,

and that death occurred, on the date stated above, at 2 19 m.

The CAUSE OF DEATH* was as follows:

Pulm Tuber

(duration) 1 yrs. 6 mos 7 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum Exam + By Dr. Bagley & Dr. Fletcher

(Signed) Wm Bagley, M. D.

, 19 (Address) 3101 Oakland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Hebrew Rest	12/23 1925
20 UNDERTAKER	ADDRESS
Jack Lauris	1789 Eutaw

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

04896

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

90 B 04896

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Thames st ST., 2-2 WARD)

2-FULL NAME Liviana Brush

(a) RESIDENCE No. 1626 Thames ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Liviana Brush

6 DATE OF BIRTH (month, day, and year) unknown 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bartender 044

(b) General nature of industry, business, or establishment in which employed (or employer) 1626 Hames.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER John Brush.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Liviana Brush. (Address) 1626 Thames st

15 Filed DEC 23 1925, 19.. ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20th, 1925, to Dec 21st 1925, that I last saw him alive on Dec 21st, 1925 and that death occurred, on the date stated above, on Dec 22nd at 6.30 A. m

The CAUSE OF DEATH* was as follows:

Myocarditis with effusion

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Signs & Symptoms

(Signed) Harry N. Kushnick, M. D.

Dec 23 1925 (Address) 2323 Callow Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Kaary.	Dec 24 1925
20 UNDERTAKER	ADDRESS
F. H. Wazenski	1938 E Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

E 04897

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04897

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 E Madison ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl B. Cellers

(a) RESIDENCE NO. 1529 E Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) WIFE of Harry Cellers

6 DATE OF BIRTH (month, day, and year) Aug 5, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home 03

(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James H. Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary E. Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Harry Cellers (Husband)

(Address) 1529 E Madison St.

15 Filed DEC 23 1925 ROBERT R. KRAUTER, Registrar

Chief Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1925, to Dec 22, 1925.

that I last saw h[illegible] alive on Dec 22, 1925.

and that death occurred, on the date stated above, at 10 14 A. m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(Coma)

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Exophthalmic Goiter

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) R. J. Hunter, M. D.

12/23, 19 25 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem DATE OF BURIAL 12/27 1925

20 UNDERTAKER Jas. W. Skinner ADDRESS 1125 E. Fayette St.

Date of burial ext 12/27/25 2 p m KRK.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04898 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04898

44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Lewis ST. 5-W WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Howard

(a) RESIDENCE NO. 410 Lewis ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Howard

6 DATE OF BIRTH (month, day, and year) April 5, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samil Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Stuart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Alice Howard

(Address) 410 Lewis St

15 Filed DEC 23 1925 19 JOHN R. KRAUSE, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 21 19 25

17

I HEREBY CERTIFY, That I attended deceased from Oct 3, 1925, to December 21, 1925, that I last saw him alive on December 20, 1925, and that death occurred, on the date stated above, at 2 40 A m.

The CAUSE OF DEATH* was as follows:

1 Terminal Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Esophagus (duration) yrs. 6 mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Microscopic Exf.

(Signed) Geo. S. Allen, M. D.

12-22 1925 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	12/23/25
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1325 Hollander

TION is very important. See instructions on back of certificate.

E 04899 HEALTH DEPARTMENT—CITY OF BALTIMORE 2001 04899

CERTIFICATE OF DEATH. 100

1-PLACE OF DEATH City of BALTIMORE: (No. New Hosp. St. 19-2 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Posco

(Residence in Baltimore: No. 1311 Linwood St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Feb. (Month) 24 (Day) 1884 (Year)

7-AGE: 41 yrs. 9 mos. 27 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Laborer (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS:

10-NAME OF FATHER: James E. Posco

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mary E. Bird

13-BIRTHPLACE OF MOTHER, (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Sadler

(Address) 20 E. Lexington

15- Filed DEC 23 1925 ROBERT B. KRAUTER, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 21 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY Exhaustion (Secondary)

(Duration) yrs. mos. 2 ds.

(Signed) C. C. Blades M. D. (Coroner)

Dec 27 1925 (Address) 143 N. Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Zion DATE OF BURIAL: 12/28/1925

20-UNDERTAKER: Mrs. Grace K. Holland ADDRESS 1631 Druid Hill Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04900 — 90 E 04900

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 W. York St. ST 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Rouse.(C)

(a) RESIDENCE NO. 12 W. York St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married

5a If married, HUSBAND of Jennie Rouse.(C)

6 DATE OF BIRTH (month, day, and year) March 22, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook.
(b) General nature of industry, business, or establishment in which employed (or employer) 021
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Jennie Rouse.(C) wife.
(Address) 12 W. York St.

15 Filed DEC 23 1925 ROBERT R. KRAUTER, Registrar
Burial Permit [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 21, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute indigestion

Acute dilatation of the heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

Dec, 23° 1925 (Address) 1011 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Dec 24 1925

20 UNDERTAKER John H. Frederick — ADDRESS 1027 Druid Hill

Spec.—6-9-19—H. P. Co.— 1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04901

CERTIFICATE OF DEATH.

5

E 04901

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 W. Belvedere Ave. 27-3 WARD)

2-FULL NAME George Austin Slate

(a) RESIDENCE. No. 207 W. Belvedere Ave. WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~ Married, ~~Widowed~~, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Catharine Kreitz-Slate.

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 0 50

(b) General nature of industry, business, or establishment in which employed (or employer) General work

(c) Name of employer

(d) PLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Geo. A. Slate

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Catharine Robertson

13 BIRTHPLACE OF MOTHER (city or town) Penn.

(State or country)

14 Informant Catharine Kreitz Slate

(Address) 207 W. Belvedere

15 Filed ....., 19 ..... Registrar

EC 23 [illegible] Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/22/1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1925, to Dec. 22, 1925, that I last saw h.im alive on Dec. 22, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

diabetes mellitus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Analysis

(Signed) H. N. Beckley, M. D.

, 19 (Address) 126 W Belvedere Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt St Marys Emmittsburg Md.

DATE OF BURIAL: 12/24/25

20 UNDERTAKER: M. F. Shuff & Son Emmittsburg Md.

ADDRESS

Spec.—1-10-21—M&T—1500 Rks.

E 04902

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04902

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 N. Luzerne ST., 8-23 WARD)

REGISTERED NO. 161-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alberta Rita Mallonee

(a) RESIDENCE NO. 1302 N. Luzerne ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? 5/6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 22 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.... Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Lawrence F. Mallonee

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine M. Brun

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mr. Lawrence F. Mallonee

(Address) 1302 N. Luzerne Ave

15 Filed DEC 23 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1925

17 I HEREBY CERTIFY That I attended deceased from Dec 22 1925 to Dec 23 1925, that I last saw h[illegible] alive on Dec 23 1925, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

(a) Malnutrition

Premature Birth

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) J. E. Kerr M.D. M. D.

Dec. 1925 (Address) 1201 N Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec 23 1925
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1201 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04903

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04903

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1232 E. Federal ST., 9-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas A. Hand

(a) RESIDENCE NO. 1232 E. Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Elizabeth E. Hand

6 DATE OF BIRTH (month, day, and year) Sept. 16 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tinner

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Thomas P Hand

11 BIRTHPLACE OF FATHER (city or town) N. J. (State or country)

12 MAIDEN NAME OF MOTHER Jane Artchenson

13 BIRTHPLACE OF MOTHER (city or town) Scotland (State or country)

14 Informant Mrs Elizabeth E. Hand

(Address) 1323 E Federal St

15 23 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1925, to Dec 22, 1925, that I last saw him alive on Dec 22, 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Nephritis

Interstitial (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo L Zimmerman, M. D.

12/23/25 (Address) 2858 Hanford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Dec 26 1925

20 UNDERTAKER Henry Hoerdt Son — ADDRESS 1301 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04904 E 04904

CERTIFICATE OF DEATH.

20-411

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Fredk ave ST., 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emil Matthies

(a) RESIDENCE No. 2112 Fredk ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22, 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emil H. Matthies

(Address) 2112 Fredk Ave.

15 Filed 23 1925, 19 Robert F. Garrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Dec 21, 1925, that I last saw h alive on Dec 21, 1925, and that death occurred, on the date stated above, at 9.35 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Regular Dill, M. D.

12/22 1925 (Address) 1509 Mt Lorraine

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery.

DATE OF BURIAL Dec. 24. 25

20 UNDERTAKER Chas. W. Dill.

ADDRESS 3101 Fredk Ave.

TION is very important See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 04905

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04905

CERTIFICATE OF DEATH.

16-1 179

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1715 Harlem Ave ST., WARD)

2-FULL NAME William M. Wells

(a) RESIDENCE No. 1715 Harlem Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva A. Wells

6 DATE OF BIRTH (month, day, and year) Sept 26, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	80	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amanda F. Gudgen

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Ann A. Wells

(Address) 1715 Harlem Ave

15 Filed ..... 19 Robert F. Harrison, Registrar

23 1925

Signed [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1925, to Dec 22, 1925, that I last saw him alive on Dec 22, 1925, and that death occurred, on the date stated above, at 12-noon m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Hemiplegia (Left)

(duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George E. Shannon, M. D.

, 19 (Address) 900 W. Fulton ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec. 24 1925

20 UNDERTAKER, John A. Mitchell

ADDRESS 1201 W. Lafayette St.

FROM is very important. See instructions on back of certificate.

Spec. 1-10-21 M&T 1500 10ks.

E 04906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04906

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Cookie ST. 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Coughlin

(a) RESIDENCE NO. 1124 Cookie ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) don't know

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 1/10

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Cornelius Coughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. Cornelius J. Coughlin (Address) 1124 Cookie St.

15 Dec 23 1925 Robert F. Morrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1925, to Dec 21, 1925, that I last saw h alive on Dec 21, 1925, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. M. Whelan, M. D.

Dec 24 1925 (Address) 1279 Williams Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Dec. 24 1925

20 UNDERTAKER Margaret G. Flynn ADDRESS 417 Light St

TION is very important. See instructions on back of certificates.

E 04907 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04907

CERTIFICATE OF DEATH. 178

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. James Easton St. No 3 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Harry Jones

(Residence in Baltimore: No. 2564 W. Baltimore St.; 51 yrs. -- mos. -- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. Do not know ..... 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
51 yrs. -- mos. -- ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Captain 032
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Balto. City Fire Dept.

9-BIRTHPLACE, (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. Henry Jones

11-BIRTHPLACE OF FATHER, (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Mary Barnes

13-BIRTHPLACE OF MOTHER, (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry F. Jones

(Address) 2564 W. Baltimore St.

15- Filed 19..... Robert F. Harrison, Registrar.

2 3 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple Fractures
accident (Violent)

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) G. L. Wades M. D. (Coroner)

Dec 23 1925 (Address) 1431 E. Lanvale

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	12/26 19 25

20-UNDERTAKER.	ADDRESS
Henry W. Myers and Son	805 N. Calvert St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04908 E 04908

CERTIFICATE OF DEATH.

161

1-PLACE OF DEATH 253 S Durham

CITY OF BALTIMORE: (No. 2535 Durham ST. 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Orendetti

(a) RESIDENCE NO. 2535 Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Innocent Orendetti

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Zylinska

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant
(Address)

15 Filed ..... 19 Robert T. Harrison, Registrar

23 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-23, 1925, to 12-23, 1925, that I last saw her alive on 12/23, 1925, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Premature birth -
Sixth month pregnancy
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Asthenia + Heart failure
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs + Symptoms

(Signed) John H Ohlhaut, M. D.

. 19 (Address) 1625 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johns Hopkins Hospital

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS DEC 23 1925

Per. No. E 1

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04909 E 04909

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4116 Fathland Ave ST., 28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilbur Fisk Wallis

(a) RESIDENCE NO. 4116 Fathland ave ST., WARD Forest Hill Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Ida Wallis

6 DATE OF BIRTH (month, day, and year) Jan 5 1847

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Forest Hill (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel R. Wallis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Margaret Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md

14 Informant Miss Elizabeth Lowes

(Address) 4116 Fathland Ave

15 DEC 23 1925 Robert F. Garrison, .19

Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to Dec 22, 1925, that I last saw him alive on Dec 21, 1925, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

Chronic nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma Prostate.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of July 2 1925

Was there an autopsy? No Laboratory diagnosis

What test confirmed diagnosis? Carcinoma Prostate.

(Signed) Curtis H. Wood, M. D.

Dec 22 1925 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill Harford Co — DATE OF BURIAL Dec 24 1925

20 UNDERTAKER George J. Smith — ADDRESS 153 Holbrs

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04910 ✓ E 04910

CERTIFICATE OF DEATH.

57

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Bank ST. 1 WARD)

2-FULL NAME Catherine Inc Grath

(a) RESIDENCE NO. 2209 Bank ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F — 4 COLOR OR RACE W — 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, ~~widowed, or divorced~~ HUSBAND ~~of~~ (or) WIFE of Patrick Inc Grath

6 DATE OF BIRTH (month, day, and year) Nov. 18-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mollie Inc Grath (Address) 2209 Bank St

15 FEB 23 1925 Robert B. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 28 1925, to Dec. 22 1925, that I last saw her alive on Dec 21 1925, and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 10 hours

CONTRIBUTORY (Secondary) Diabetes Mellitus — Senile Arteriosclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Caleb R. Athey, M. D.

Dec 23 1925 (Address) 100 S. Potteran Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 12/24/1925

20 UNDERTAKER J. G. Moan — ADDRESS 2000 E. Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04911

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. 13-5 Ward)

2-FULL NAME Isaac Davidson

(a) RESIDENCE No. 2301 Brookfield Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adele P. Davidson

6 DATE OF BIRTH (month, day, and year) Aug 14 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired - Retail

(b) General nature of Industry, business, or establishment in which employed (or employer) Furniture

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Meir Davidson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Hagedorn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Adele Davidson (Address) 2301 Brookfield Ave

15 Filed ....., 19.... Robert F. Harrison, Registrar

23 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22 1925

17

I HEREBY CERTIFY, That I attended deceased from 9-9-, 1925, to 12-22, 1925,

that I last saw h/ alive on 12-22, 1925,

and that death occurred, on the date stated above, at P. 45 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Myocarditis

(duration) yrs. 4 mos 6 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) Victor Delight, M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem. DATE OF BURIAL 12/24/1925

20 UNDERTAKER Harry Sondheim ADDRESS 1128 W. Mt. Royal Ave

TION is very important. See instructions on back of certificates.

William C Stanley See Letter Knife Blades

E 04912 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04912

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 839 S. Paca St. 21-3 100-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William C Stanley Colored No. West.

(Residence in Baltimore: No. 839 S Paca St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, MALE — White

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the Word.) Single

6-DATE OF BIRTH, Oct. (Month) 27 (Day) 1925 (Year)

7-AGE, 1 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Charles Wells

11-BIRTHPLACE OF FATHER, (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Annie Stanley

13-BIRTHPLACE OF MOTHER, (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie Wells

(Address) 839 S. Paca st

15-

Filed 23 1925 Robert P. Matthews,

Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 23 (Day) 25 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lob. Bronchitis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

(Coroner.)

Dec 23 1925 (Address) 1426 Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park — DATE OF BURIAL. Dec 26 25

20-UNDERTAKER. F. A. Wannemacher — ADDRESS 703 Hanover

If very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 04913

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04913

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 W Saratoga ST. 14-1 WARD)

2-FULL NAME Cora E. Reed.

(a) RESIDENCE NO. 1409 W Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 31, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER W. L. Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amanda K Forney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm L. Reed Jr

(Address) 1409 W Saratoga St

15 Filed ....., 19.... Robert F. Morrison, Registrar

Burial Permit Clerk

2 3 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1925, to Dec 23, 1925, that I last saw her alive on Dec 22, 1925, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Harry A. McGarty M. D.

12-26, 1925 (Address) 837 W Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Dec 24 1925

20 UNDERTAKER George J. Smith — ADDRESS 1512 Hollins

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04914 E 04914 101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515-Bolton-Street. ST., 14-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Covington Addison Ingle

(a) RESIDENCE NO. 1515-Bolton-St. ST., WARD (resident)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? 75 yrs. 4 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. J. Lowrie Ingle

6 DATE OF BIRTH (month, day, and year) Aug-8-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William M. Addison

11 BIRTHPLACE OF FATHER (city or town) Prince Geo. Co
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Girault

13 BIRTHPLACE OF MOTHER (city or town) Natches
(State or country) Mississippi

14 Informant Miss Mary P. Ingle (daughter)
(Address) 1515-Bolton-St., City.

15 Robert P. Warfield, Registrar
Burial Permit Clerk
23 1925

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 18th, 1925, to Dec. 22nd, 1925, that I last saw her alive on Dec 22nd, 1925, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. F. Lockwood, M. D.

12/28, 1925 (Address) 8 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery. DATE OF BURIAL: Dec/24/25

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS: 108 W. NORTH AVE.

E 0491 HEALTH DEPARTMENT—CITY OF BALTIMORE. 03

CERTIFICATE OF DEATH. 188 E 04915

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. COLONIAL HOSPITAL St., 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. FREDERICK NINDE GRAFFLIN

(Residence in Baltimore: No. 1641-Westwood-Av. St.; yrs. mos. ds.)

Lib

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
MALE	WHITE	Single

6-DATE OF BIRTH. APRIL (Month) 13 (Day) 1875 (Year)

7-AGE. 50 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Joseph Grafflin

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Sydney Lynch

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Florence G. Day (cousin)

(Address) 1204-Bolton-At., City.

15-

Filed ..... 19.. Robert P. Harrison, Registrar.

1875 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 21 (Month) (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry.) thereon and, from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull (automobile accident)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. T. Hennessy, M. D. (Coroner.)

Dec. 22 1925 (Address) 2.50 Kaufman Bldg.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State 50 yrs. 8 mos. 8 ds.

Where was disease contracted, if not at place of death? Madison Ave.

Former or usual residence 1641-Westwood-Av.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	Dec-24-25
20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 108 W. NORTH AVE.

Is very important. See instructions on back of certificate.

E 04916

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04916

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2 N Penn St. 18-3 Ward) 90

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antony Kocergus KOCERGUS

(Residence in Baltimore: No. 819 Hollins St.; yrs. 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	W	Widowed

6-DATE OF BIRTH. Mar. 1869 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
56 yrs. mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Talor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Lithvania

PARENTS.

10-NAME OF FATHER. Antany Kocerdus

11-BIRTHPLACE OF FATHER, (State or Country). Lithvania

12-MAIDEN NAME OF MOTHER. No. Known

13-BIRTHPLACE OF MOTHER, (State or Country). Lithvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharin Phillips

(Address) 117 N. Strick Street

15- DEC 24 1925 DIETRI K. KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) H. G. Phillips M. D.
(Coroner.)

Dec 23 1925 (Address) 143 N. Penn

*State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Dec. 26. 1925

20-UNDERTAKER,	ADDRESS
John Grebliauckas	425 S. Paca St.

H.G.

IS VERY IMPORTANT. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04917 X 11 E 04917

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 9-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Malczewski

(a) RESIDENCE NO. Greenhaven, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 29 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attended School

(b) General nature of industry, business, or establishment in which employed (or employer) School.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER George Malczewski

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Veronica Posluszny

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant George Malczewski (Father)
(Address) Greenhaven P. O. Md

15 Filed DEC 24 1925 ROBERT R. JAMES Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1925, to Dec 21, 1925, that I last saw him alive on Dec 21, 1925 and that death occurred, on the date stated above, at 4:55 a.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis (Ruptured)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted
If not at place of death? .....

Did an operation precede death? Yes Date of Dec 13, 25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Joseph Tankey, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Dec. 24th 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S Wolfe St.

CAUSE OF DEATH must be plainly written, so that it may be properly TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bka.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04918 31 E 04918

REGISTERED NO.

E 04918

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Hopkins Hospital ST. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Washington

(a) RESIDENCE NO. 1133 Argyle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	widiwer

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) (Common)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER William Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah -------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Reta Washington (sister)
(Address) 515 W. Lafayette Ave

15 Filed DEC 24 1925 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis - Cardiac Decompensation
(Autopsy at Hopkins Hospital)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Collins, M. D.
(Coroner.)
12-23-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs.,....mos.,....ds. In the State ....yrs.,....mos.,....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL. Dec 24 1925

20 UNDERTAKER Allen W. Jordan

ADDRESS 1027 Druid Hill Ave

Spec.—1-12-23—M&T—500 Blks.

E 04919 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 04919

CERTIFICATE OF DEATH.

REGISTERED NO. 13-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—No. 3131 Cedar Ave (WARD)

2-FULL NAME James M Egerton

(a) RESIDENCE No. 3131 Cedar Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nancy C Egerton

6 DATE OF BIRTH (month, day, and year): Aug 28 1857

7 AGE: Years 68 Months 3 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mill Hand

(b) General nature of industry, business, or establishment in which employed (or employer): 046

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Nancy C Egerton

(Address) 3131 Cedar Ave

15 Filed DEC 24 1925 ROBERT M. MAGRUDER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 21st, 1925, to Dec 22nd, 1925, that I last saw h[illegible] alive on Dec 21st, 1925, and that death occurred, on the date stated above, at 7.15 A.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

O Keefe J J Moriarty

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Peri Cardial effusion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Guy Hellos, M. D.

, 19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Dec 26, 25

20 UNDERTAKER: Chenowith & Son — ADDRESS: 3617 Chestnut Ave

E 04920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04920

146

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 665 Georges St. 17-2 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Viola E. Allen

(Residence in Baltimore: No. 665 Georges St. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	colored	married

6-DATE OF BIRTH. about 1890
(Month) (Day) (Year)

7-AGE. 35 yrs. ..... mos. ..... ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 03

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Milton E. Thomas

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Jane Hutchins

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Allen

(Address) 665 Georges St.

15-

Filed DEC 24 1925 ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 21, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

4 Days.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Dec. 24 1925 (Address) 280 N. Eden St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, 12/24 1925

20-UNDERTAKER Samuel Stanley ADDRESS 538 Bdwy

IS VERY IMPORTANT. See Instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04921

CERTIFICATE OF DEATH.

E 04921

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Colonial Hosp St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Griffin

(Residence in Baltimore: No. 1368 Woodyear St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Mard

6-DATE OF BIRTH: Sept (Month) 20 (Day) 1896 (Year)

7-AGE: 29 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General natnre of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE (State or Country): Washington D. C

PARENTS.

10-NAME OF FATHER: John H. Griffin

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Georgeanna Jones

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgeanna Griffin

(Address) 1368 Woodyear

15- Filed DEC 24 1925 ROBERT R. KRAUTER, Burial Permit Clerk (Registrar.)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 21 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound to head (suicide)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Dec 22, 1925 (Address) 2 E Redwood St. Balto.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: Dec 25 1925

20-UNDERTAKER: Samuel F. Stanley ADDRESS 578 E Balto

If very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 04922 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04922

CERTIFICATE OF DEATH.

REGISTERED NO. 13-577

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Baltimore, Md. (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilson A. Warren

(a) RESIDENCE NO. 2702 Parkwood Ave., ST. Baltimore, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maddie Warren

6 DATE OF BIRTH (month, day, and year) 8/22/1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	4	01	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 01

(b) General nature of industry, business, or establishment in which employed (or employer) Solicitor

(c) Name of employer Fairfield Mining

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Aaron Warren,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Malinda Gardner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals, (Address) Baltimore, Md.

15 Filed DEC 24 1925 ROBERT R. KRAUSER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22- 19 25

17 I HEREBY CERTIFY, That I attended deceased from 12-15- , 19 25 to 12-22- , 19 25

that I last saw h. alive on 12-22- , 19 25

and that death occurred, on the date stated above, at 11.40 P. M.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) Acute Manic Excitement.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [signature], M.D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Chapel, Baltimore, Md. DATE OF BURIAL 12/26/25 19

20 UNDERTAKER [illegible] ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 04923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04923

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 809 N. Bentalou St., 16-5 WARD)

2-FULL NAME Hester Ann Bullen

(a) RESIDENCE No. 809 N. Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. 10 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Bullen

6 DATE OF BIRTH (month, day, and year): Feb. 22 1844

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Demuth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mr. George R. Bullen

(Address) 4510 Liberty Hts ave.

15 Filed DEC 24 1925 ROBERT R. KRAUSER, Registrar

Assist Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 1 1925 to Dec 23 1925

that I last saw her alive on Dec 22 1925

and that death occurred, on the date stated above, at 1.50 a m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis - Myocarditis —

Cerebral Hemorrhage & paralysis

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Paralysis & Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wells S. Liblatt M. D.

Dec 24 1925 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: London Park Cem. — DATE OF BURIAL: Dec 26 1925

20 UNDERTAKER: Wm Fleischer Sons — ADDRESS: North & Pa

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04924

CERTIFICATE OF DEATH

E 04924

1-PLACE OF DEATH Maryland General Hospital

REGISTERED NO.

CITY OF BALTIMORE: (NO. ... ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary D. Clough

(a) RESIDENCE NO. 2312 Aisquith St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: G. W. Clough

6 DATE OF BIRTH (month, day, and year): Jan 19/1857

7 AGE — Years: 68 — Months: 11 — Days: 14 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Dr. J. Waugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mrs. M. Dissey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant: Lulu Clough

(Address) 2312 Aisquith St.

15 Filed ..., 19 ... Registrar

Special Permit Clerk

DEC 24 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/23 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1925, to Dec 23, 1925,

that I last saw h alive on Dec 23, 1925

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix and Sepsis

(duration) ... yrs. ... mos. 16 ds.

CONTRIBUTORY (Secondary): Secondary bronchopneumonia

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12/11/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. B. Moore, M. D.

, 19 (Address) Maryland General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Dec 24 1925

20 UNDERTAKER: Wm. J. Hickey & Sons

ADDRESS: North Ave

CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04925

CERTIFICATE OF DEATH.

90 E 04925

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 N. Calvert ST. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Henry Briscoe

(a) RESIDENCE NO. 1326 Argyle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Briscoe

6 DATE OF BIRTH (month, day, and year) Feb. 22-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Julia Briscoe (Address) 1326 Argyle Ave

15 Filed DEC 24 1925, 19 ROBERT F. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-21, 1925, to 12-23, 1925, that I last saw h.17 alive on 12-23, 1925, and that death occurred, on the date stated above, at 5.00 P. m.

The CAUSE OF DEATH* was as follows:

AORTIC INSUFFICIENCY

MYOCARDIAL INSUFFICIENCY

(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John L. Toomey, M. D.

, 19 (Address) 1129 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Andrews - St Mary's Co.

DATE OF BURIAL 12/26/25

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill

CROSS OF DEATH in this space, or attach any proof TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-001

E 04926

Mercy ~~Hospital~~

CERTIFICATE OF DEATH.

E 04926

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs Francis Frankenthal 43-6 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 2342 Eutaw Place

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. Female

4 COLOR OR RACE White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE 45 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales Manager (furs)

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Frankenthal

11 BIRTHPLACE OF FATHER (City or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Fannie Bolzinger

13 BIRTHPLACE OF MOTHER (City or town) ..... (State or country) Germany

14 Informant Mrs Wm. Sanz (Address) 2342 Eutaw Place

15 Filed ..... 19 ROBERT R. KRAUSE, Registrar

DEC 24 1925 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23-1925

17 I HEREBY CERTIFY, That I attended deceased from 12-18-1925, to 12-23-1925, that I last saw her alive on 12-23-1925, and that death occurred, on the date stated above, at 8:55 P. m.

The CAUSE OF DEATH* was as follows:

Acute Thyrotoxicosis

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Toxic Pneumonia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) N. E. Gongaldo, M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shebe Shalom Cem. DATE OF BURIAL 12/25/1925

20 UNDERTAKER David Sondheim ADDRESS 1820 Mt. Royal Ave

CAUSE OF DEATH must be plainly stated so that it may be properly coded. TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 04927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04927

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST. 15 WARD)

REGISTERED NO. 188,003

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Siscovick

(a) RESIDENCE NO. 2714 Allen ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Siscovick

6 DATE OF BIRTH (month, day, and year) — 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) Russia (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacob Siscovick
(Address) 2714 Allen ave

15 Filed DEC 24 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23rd 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by Automobile

(duration) yrs. mos. ds.

(Signed) Thos. B. Horton, M. D.
Coroner

Dec 23rd 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. View Southern Ave	12-24-1925
20 UNDERTAKER	ADDRESS
Jos. Lewis	1439 E. Brea

FILL IN very important. See instructions on back of certificate.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04928

CERTIFICATE OF DEATH.

162

E 04923

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 118 Emmet Ave ST. 27-12 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton N. Bell

(a) RESIDENCE NO. 118 Emmet Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 23. 1925

7 AGE: Years — Months — Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Marcey L. Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Margaret Sisselberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Marcey L. Bell

(Address) 118 Emmet Ave

15 Filed ..., 19 ... ROBERT R. KRAUTER, Registrar of Vital Records

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1925, to Dec 24, 1925, that I last saw him alive on Dec 24, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

due to birth.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clarence Simon M. D.

19 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemet

DATE OF BURIAL: Dec 27 1925

20 UNDERTAKER: Mr & Mrs John H. Seufert & Son

ADDRESS: 601 W. Fayette

CAUSE OF DEATH must be filled in plain terms, so that it may be properly CODED. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04929

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1111 N. Gay ST.; 8-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Spampinato

(Residence in Baltimore: No. 1111 N. Gay St.; 15 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 20, 1897.
(Month) (Day) (Year)

7-AGE, 28 yrs. 7 mos. 2 da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at home
(b) General nature of industry, business, or establishment in which employed (or employer)..... 400

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Philipo Spampinato

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Angelina Onori

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Alfred Spampinato

(Address) 1111 N. Gay St.

15- DEC 24 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1925, to Dec 22 1925, that I saw h[illegible] alive on Dec 22 1925, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

..... Bacterial endocarditis

..... (Duration) 1 yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) ..... Pernicious anemia

..... (Duration) ..... yrs. 3 mos. ..... da.

(Signed) ..... M. D.

Dec 24, 1925. (Address) 2306 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem

DATE OF BURIAL, 12.26., 1925

20-UNDERTAKER Geo. F. Ruth

ADDRESS 1735 Harford Ave

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04930 E 04930

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-3 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J. Clarke Wilson

(a) RESIDENCE NO. 1304 N Eugene Ave St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced, (write the word)~~

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mrs. Josephine Wilson

6 DATE OF BIRTH (month, day, and year) May 24, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber 29

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John A. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Kerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Josephine Wilson

(Address) 1304 N. Eugene Ave

15 Filed DEC 24 1925, 19..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23- 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-9- , 1925 , to 12-23- , 1925 ;

that I last saw him alive on 12-23- , 1925 ;

and that death occurred, on the date stated above, at 2 00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Aspiration Pneumonia.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of 12-9-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Path.

(Signed) W. P. Borgmann, M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 12/28/1925

20 UNDERTAKER George J. Ruth

ADDRESS 1734 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of fact TION is very important. See instructions on back of certificates.

Spec. 21-10-21—M&T—1500 Bks.

1873 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04931

CERTIFICATE OF DEATH.

4 E 04931

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ... ST., 10-2 WARD)

2-FULL NAME Camillo Cavaliere

(a) RESIDENCE NO. 735 N. Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paoletta.

6 DATE OF BIRTH (month, day, and year) 3 | 14 | 1877

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
48	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Francesco Paolo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Bernia Porello

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant ... (Address) JOHNS HOPKINS HOSPITAL

15 Filed ... 19 ... Registrar

DEC 24 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22nd 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 16 1925 to Dec 22nd 1925, that I last saw him alive on Dec 22nd 1925, and that death occurred, on the date stated above, at 7.00 a. m.

The CAUSE OF DEATH* was as follows:

Acute pyogenic infection of arm

(duration) ... yrs. ... mos 10 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) ... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? Yes Date of Dec 17-21

Was there an autopsy? Yes

What test confirmed diagnosis? Bact-Cultures

(Signed) Warfield M Prior, M. D.

12/23 19 (Address) Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents Cemetery

DATE OF BURIAL 12 | 24 1925

20 UNDERTAKER George J Ruth

ADDRESS 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF DISEASE OR CONDITION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04932

CERTIFICATE OF DEATH.

118-002

E 04932

1-PLACE OF DEATH Franklin Sq. Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. 5-2 WARD)

2-FULL NAME James Gonzales

(a) RESIDENCE NO. 1302 Orleans ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 20 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/12 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectionery

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Father John

(Address) 2100 McElderry St

15 Filed ..... 19 ..... ROBERT H. KRAUTER, Registrar

DEC 24 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 19 25

17

I HEREBY CERTIFY, That I attended deceased from 12/15, 19 25, to 12/21, 19 25.

that I last saw h[illegible] alive on 12/21, 19 25,

and that death occurred, on the date stated above, at 10 40 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis -
Post-operative Pulmonary Embolism

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Cholecystectomy - appendectomy

Did an operation precede death? Yes Date of 12/16/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis Centuzzi M. D.

, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 12/24 1925

20 UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

87279933

HEALTH DEPARTMENT—CITY OF BALTIMORE

155 E 04933

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Webster

(a) RESIDENCE NO. 801 N. Rose St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 23/15

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ..... Maryland
(State or country)

PARENTS

10 NAME OF FATHER Archie Webster

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md

12 MAIDEN NAME OF MOTHER Rita Webster

13 BIRTHPLACE OF MOTHER (city or town) D. C.
(State or country)

14 Informant Ricardo
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 24 1925 ..... 19 ROBERT R. KRAMER,
Burial Permit Clerk.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 14 ..... 1925, to Dec 23 1925,

that I last saw him alive on Dec 23 1925,

and that death occurred, on the date stated above, at 6 10 a. m.

The CAUSE OF DEATH* was as follows: 1

Osteomyelitis right jaw.

(duration) yrs. 1 mos 1 ds.

CONTRIBUTORY (Secondary) Septicaemia (Streptococcus)

(duration) yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? Yes Date of Dec. 14. Drainage

Was there an autopsy? Yes.

What test confirmed diagnosis? Blood Culture

(Signed) Ramon Guiteras, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem.

DATE OF BURIAL 12/26 1925

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04934 | 129 | E 04934

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 S. Lakewood ST.) (1-2 WARD)

2-FULL NAME Catherine Miller

(a) RESIDENCE NO. 639 S. Lakewood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Miller

6 DATE OF BIRTH (month, day, and year): Oct 22/73

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John Eckes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: John Miller
(Address) 639 S. Lakewood

15 Filed ..... 19 ..... ROBERT R. HEMMETER, Registrar
Vital Records Clerk
Burial Permit Clerk

DEC 24 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/23 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1924 to Dec. 23, 1925; that I last saw her alive on Dec. 22, 1925; and that death occurred, on the date stated above, at 2:35 A. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. cardio - nephritis

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John J. Kruger, M. D.

, 19 (Address) 2627 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cem

DATE OF BURIAL: 12/26 1925

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04935

3 E 04935

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 E. Madison ST.: 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth E. Ferguson

(a) RESIDENCE. NO. 1618 E. Madison ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 28/1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Jas G. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Blanch Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Blanch Williams (Address) 1618 E. Madison st

15 Filed . 19 Registrar

C 24 1025 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1925, to Dec 22nd, 1925, that I last saw her alive on Dec 22nd, 1925, and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Leo. H. Lautenbach M. D.

23. 19 (Address) 2215 N. Howard Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Int Auburn Cem	12/26 1925
20 UNDERTAKER	ADDRESS
Jas. H. Skinner	1625 E. Madison st

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04936

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. . .

City of BALTIMORE: (No. [redacted] BALTIMORE CITY HOSPITALS 23-1 100-001 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary Powell .....

(a) Residence No..... 1910 Peach Alley ..... St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	Colored	single

5a-if married, widowed, or divorced
HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) 1833

7-AGE.	If LESS than 1 day.
70 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 67
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Maryland
(State or Country),

PARENTS.

10-NAME OF FATHER, Bob Powell

11-BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country),

12-MAIDEN NAME OF MOTHER, Sarah Williams

13-BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country),

14- (Informant) Baltimore City Hospitals
(Address) Records

15- Filed ..... 19.... Registrar.

12-24-1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 20, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1925 to Dec. 20, 1925 that I last saw h. alive on Dec. 20, 1925 and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

?
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) ..... W. Lindsay Miller ..... M. D.

12/24, 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, ..., 19....
20-UNDERTAKER.	ADDRESS

HOPKINS HOSPITAL

Commissioner Health

DEC 24 1925

In printing letters, do what is required by instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04937 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04937

CERTIFICATE OF DEATH.

161-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 W. Lanvale ST. 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Rawlings

(a) RESIDENCE NO. 1609 W. Lanvale ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day 14 hrs. or min.
0				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Wm L. Rawlings

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Dorothy Hayes

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23 19 25

17 I HEREBY CERTIFY, That I attended deceased from 12/22/25, to 12/23/25, 19

that I last saw h— alive on 12/23/25, 19

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia (6¼ hrs)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard Sexton, M. D.

12/24 19 25 (Address) 910 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health,

DEC 24 1925

DEC 24 1925 Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 04938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+71

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 26-7 WARD)

REGISTERED NO. E 04938

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy B. Tierney

(a) RESIDENCE NO. Box #55, Landsdowne, ST., Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gregory Tierney

6 DATE OF BIRTH (month, day, and year) 3/31/1896

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Philip Hayden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ida Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed ..... 19 ..... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23- 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-12- , 1925, to 12-23- , 1925, that I last saw her alive on 12-22- , 1925 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Manic Depressive Psychosis Manic Phase

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What tests confirmed diagnosis? Clinical findings.

(Signed) Harry Goldman M. D.

12/23/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Dec. 26 1925

20 UNDERTAKER Joseph D. Cook

ADDRESS 1003 N. Gilmor St

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

187/44 E 04939 — 139 — E 04939

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST. 17-2 WARD)

2-FULL NAME Hattie Murray

(a) RESIDENCE NO. 951 Walnut Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Stephen Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Nellie Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ROBERT R. KRAUTER. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22 '25

17 I HEREBY CERTIFY, That I attended deceased from Dec 9 - , 1925, to Dec 22, 1925, that I last saw her alive on Dec 22, 1925, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis (Acute)

(duration) ..... yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Post-operative

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Dec 14, '25

Was there an autopsy? Yes

What test confirmed diagnosis? Culture

(Signed) R. Glenn Craig, M. D.

, 19 (Address) Johns Hopkins Hospital Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL 12/26/1925

20 UNDERTAKER: Samuel F. Kemler & Wedde — ADDRESS 578

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ca- TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04940

E 04940

65-004940

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1613 N. Wolfe ST. 8-V WARD)

2-FULL NAME Howard L. [redacted] Weller

(a) RESIDENCE NO. 1613 N. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced, HUSBAND of (or) ~~WIFE of~~ Nellie S. Weller

6 DATE OF BIRTH (month, day, and year) May 14-1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Receiving clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Clerical

(c) Name of employer McCormick & Co

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William P. Weller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Nellie S. Tyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs Nellie S Weller

(Address) 1613 N. Wolfe St.

15 Dec 24, 1925, 19 Robert E. Farrier, Registrar

Burial Permit Clerk

DEC 24 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1924 to Dec 22, 1925, that I last saw h[illegible] alive on Dec 21, 1925 and that death occurred, on the date stated above, at 7-20 A m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) ✓ yrs. ✓ mos 4 ds.

CONTRIBUTORY (Secondary) Hodgkins disease

(duration) about 1 yrs. 3 mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry L. Olds M. D.

Dec 22 1925 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Dec 25 1925

20 UNDERTAKER Jos Jacklens & Son — ADDRESS 2173 Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04941

E 04941

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city Hospitals St. 16-b WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Collins

(a) RESIDENCE No. 1022 Wheatcoat st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39			

8 OCCUPATION OF DEECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Louise Wickel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed 12 24 1925, 19 Robert F. Harden, Registrar

Burial Permit Cl

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21, 1925

17

I HEREBY CERTIFY, That I attended deceased from July 31, 1925, to Dec. 21, 1925, that I last saw her alive on Dec. 21, 1925, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McFarlane Jr, M. D.

12-21-1925 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 12/24 1925

20 UNDERTAKER J J Fahey Sons Co

ADDRESS 1348 Lightst

CAUSE OF DEATH to plainly, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04942

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04942

45

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Rose ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Ament

(a) RESIDENCE NO. 15 N. Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Ament

6 DATE OF BIRTH (month, day, and year) Nov. 30. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0 9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Day 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Ament

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mary Seitz

(Address) 1813 Thames St

15 Filed DEC 24 1925, 19 Robert P. Morrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 25 to Dec 23 25

that I last saw her alive on Dec 21, 19

and that death occurred, on the date stated above, at 1 P.M. m.

The CAUSE OF DEATH* was as follows:

Cancerous Rectum

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Opinion

(Signed) [illegible] M. D.

Dec 24 19 (Address) 2938 Bank

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Dec 26 1925

UNDERTAKER H. Lander Sons Inc ADDRESS 1710 Pleasant

Burial Permit Obtained

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04943 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04943

CERTIFICATE OF DEATH.

Registered No. 20-5 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 330 S. Monroe St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Kleinhenn

(a) Residence No. 330 S. Monroe St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male. 4-COLOR OR RACE, White. 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia E. Kleinhenn

6-DATE OF BIRTH (month, day and year) March 30, 1850

7-AGE, 75 yrs. 6 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Furnisher

(b) General nature of industry, business, or establishment in which employed (or employer) 051

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Kleinhenn

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. Virginia Kleinhenn

(Address) 330 S. Monroe St.

15- Robert P. Harrison,

Filed, 192 Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 24th 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Dec 23, 1925, that I last saw him alive on Dec 23, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

contributory

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Walter A. Baer, M. D.

12/24/1925 (Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Frederick Catholic DATE OF BURIAL, Dec 26, 1925

20-UNDERTAKER, Geo. H. Hobbs ADDRESS 452 Reisterstown Rd

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04944

REGISTERED NO. 31 E 04944

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 17-3 WARD)

2-FULL NAME John Levakis

(a) RESIDENCE No. 516 W. Mulberry st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER Nick Levakis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Mary Andilisaris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Hospital Records (Address)

15 Filed DEC 25 1925 JOSEPH H. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1925, to Dec. 23, 1925, that I last saw him alive on Dec. 23, 1925, and that death occurred, on the date stated above, at 4.40 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.

12-23-25, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 12/28 1925

20 UNDERTAKER George J. Ruth 1735 — ADDRESS Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04945

CERTIFICATE OF DEATH.

E 04945

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 E. 22ND St. 12-4 WARD)

2-FULL NAME LETITIA E. WEER

(a) RESIDENCE NO. 310E 22ND ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: FEMALE

4 COLOR OR RACE: WHITE

5 Single, Married, Widowed, or Divorced, (write the word): SINGLE

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) OCT. 26 1864

7 AGE — Years: 61 — Months: 1 — Days: 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: SCHOOL TEACHER

(b) General nature of industry, business, or establishment in which employed (or employer): 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): BROOKEVILLE MD.

PARENTS

10 NAME OF FATHER: LEONARD WEER

11 BIRTHPLACE OF FATHER (city or town) (State or country): MD

12 MAIDEN NAME OF MOTHER: MARGARET CONNELL

13 BIRTHPLACE OF MOTHER (city or town) (State or country): MD

14 Informant: MRS. JAS. RANKIE
(Address): 310 E 22nd ST.

15 Filed DEC 25 1925 ROBERT R. KRAUTH, Registrar
Chief Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24 1925

17 I HEREBY CERTIFY, That I attended deceased from JAN. 1925, to DEC. 24 1925,

that I last saw HER alive on DEC. 23 1925,

and that death occurred, on the date stated above, at 7.35 A m.

The CAUSE OF DEATH* was as follows:

CARCINOMA OF OVARY

(duration) 3+ yrs. — mos. — ds.

CONTRIBUTORY (Secondary) CEREBRAL METASTASIS

(duration) — yrs. 10 mon. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of 1923

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) John F. Dorsey, M. D.

, 19 (Address) 1129 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Dec 26 1925

20 UNDERTAKER: C. H. Weer ADDRESS: Sykesville Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

Rhome.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 04946

REGISTERED NO.

04946

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 W. Church ST. 72-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Rhome

(a) RESIDENCE. NO. 16 W. Church. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Russell Rhome

6 DATE OF BIRTH (month, day, and year) Dec 7 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Russell Rhome (Address) 16 W Church St

15 Filed DEC 2 1925 19 Violet R. Mahler Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1925, to Dec 22, 1925, that I last saw her alive on Dec 21, 1925, and that death occurred, on the date stated above, at 8:15 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown (duration) unknown yrs. mos.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Symptoms

(Signed) O. H. Hamm M. D.

DEC 2 1925 (Address) 712 Thames St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct — DATE OF BURIAL Dec 26 1925

20 UNDERTAKER F. L. Brown & Son — ADDRESS 108 W. Madison

mation should be carefully applied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04947 90 E 04947

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto General Hosp REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachael Goldberg

(a) RESIDENCE NO. 2119 Westwood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fished Goldberg

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Rosen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Jack Louis 1124 E Balto

Filed DEC 25 1925 ROBERT R. CRAIG, M.D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1925, to Dec 24th, 1925, that I last saw h. alive on Dec 24 1925 and that death occurred, on the date stated above, at 8:00 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis + pericarditis, acute endarteritis Bacterial

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Coronary Embolus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation, Physical, Bacteriologic examination

(Signed) Jos. H. Friedenwald, M. D.

25th, 1925 (Address) 320 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 12-25-1925

20 UNDERTAKER Jack Louis — ADDRESS 1124 E. Balto

CAUSE OF DEATH to print terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99 E 04943

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N. Glover St ST., 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gottfried Engel

(a) RESIDENCE No. 709 N. GloverSt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Engel

6 DATE OF BIRTH (month, day, and year) Nov 20-1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Coppersmith

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Gottfried Engel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unnknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John H. Engel (son)

(Address) 709 N. Glover St.

DEC 25 1925 Filed 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23/25

17 I HEREBY CERTIFY, That I attended deceased from ....., 19 01 to Dec 23/25 , 19 ....

that I last saw him alive on Dec 23/25 , 19 ....

and that death occurred, on the date stated above, at 3.10 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chr. Bronchitis -(Senilit

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Bacon, M. D.

12/24 19 25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel

DATE OF BURIAL Dec 26 1925

20 UNDERTAKER H. Heemann

ADDRESS 320 Broadway

IMPORTANT—Should be carefully supplied. Name should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04949 — 44 — E 04949

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 Druid Hill Av. 13-5 WARD)

2-FULL NAME Anna-may Braxton.

(a) RESIDENCE NO. 2424 Druid Hill Av. ST., ... WARD .....
(Usual place of abode) (If non-resident: give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	Colored	married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Braxton.

6 DATE OF BIRTH (month, day, and year) Nov. 25, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	01	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic. 037

(b) General nature of industry, business, or establishment in which employed (or employer) at Home.

(c) Name of employer

9 BIRTHPLACE (city or town) Alexandra
(State or country) Va.

PARENTS

10 NAME OF FATHER Henry Washington

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14 Informant George Braxton.
(Address) 2424 Druid Hill Ave.

15 Filed DEC 29 1925 19 ..... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 14th, 1925, to Dec 23rd, 1925; that I last saw her alive on Dec 23rd, 1925 and that death occurred, on the date stated above, at 5 30p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomache

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Samuel Steinberg, M. D.
Dec 24 1925 (Address) 2302 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Dec 26 1925
20 UNDERTAKER	ADDRESS
Mrs Geo. N. Dennis per T. E. Peters	1303 Presstman St

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

Bentley

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04950

CERTIFICATE OF DEATH.

E 04950

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1709 Lamm ST. 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Bentley

(a) RESIDENCE NO. 1709 Lamm ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE: 50 yrs. | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Bentley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jane Ruth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Laura Hagg (Address) 1709 Lamm St

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 24th, 1925, to Dec 26th, 1925, that I last saw him alive on Dec 26th, 1925, and that death occurred, on the date stated above, at 9.00 A.M.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Lehr, M. D.

19 24 (Address) 52 E Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Dec 26 1925

20 UNDERTAKER: Mrs Sas. H. Dennis per T. E. Kelson.

ADDRESS: 1303 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be carefully supplied. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04951

CERTIFICATE OF DEATH.

154 04951

1-PLACE OF DEATH Maryland Gen. Hospital

CITY OF BALTIMORE: (No. ..... ST., 10-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse Abelander

(a) RESIDENCE NO. 1116 Lanvale St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. / mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 25-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			30 31	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Jesse J. Abelander

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Katherine Faust

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Mother's Sister
(Address) 1116 Lanvale St.

15 Filed DEC 25 1925 ROBERT R. REAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1925, to Dec 25, 1925, that I last saw h alive on Dec 24, 1925, and that death occurred, on the date stated above, at 2:25 A m.

The CAUSE OF DEATH* was as follows:

Pyloric Stenosis

(duration) yrs. mos. 31 ds.

CONTRIBUTORY (Secondary) Mal nutrition + Lungs Shot

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Dec 24-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Surgical

(Signed) Jno A Thompson, M. D.

, 19 (Address) Md Gen Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL Dec 26, 1925

20 UNDERTAKER Edmund W. Conklin — ADDRESS 324 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04952 E 04952

CERTIFICATE OF DEATH.

REGISTERED NO. 17-1129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N. Lanvale ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Slaughter

(a) RESIDENCE NO. 521 N. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July. 3. 1869.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Williamsport (State or country) Maryland.

PARENTS

10 NAME OF FATHER Sandy Slaughter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Nancy —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs. Bertha Scott (Address) 521 N. Lanvale St.

15 Filed 19 Robert P. Harrison, Registrar

26 1925 Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 24th 25

17 I HEREBY CERTIFY, That I attended deceased from November 1, 1925, to December 24, 1925, that I last saw her alive on December 24, 1925, and that death occurred, on the date stated above, at 4.10 P m.

The CAUSE OF DEATH* was as follows:

apoplexy

Chronic interstitial Nephritis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

Complications Anemia (duration) yrs. 3 mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Winnipan

(Signed) Dr. G.W. Kennard, M. D.

12-25 1925 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Williamsport, Md — DATE OF BURIAL Dec 26 1925

20 UNDERTAKER Jesse St. Redden — ADDRESS 136 St. Paul St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04953

E 04953

161-001

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Greenmount Ave ST. 12-6 WARD)

2-FULL NAME Infant of Wm. Raymond & Mary C Reeder

(a) RESIDENCE. NO. 1700 Greenmount Ave ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec 24 /25

7 AGE	Years	Months	Days	If LESS than 1 day, ✓ hrs. or 13 min.
	✓	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. Raymond Reeder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary C. Mister

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Geo C Shannon MD

(Address) 700 Fulton Ave

15 Filed ..... 19 Robert P. Perrie Registrar

26 1925

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1925, to Dec 24, 1925, that I last saw h.er alive on Dec 24, 1925, and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Insufficient Aymnation 6 mos. foetus.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Geo C. Shannon M. D.

12/24, 1925 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincents — DATE OF BURIAL: Dec 26, 1925

20 UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Greenmount Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04954

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 772 Vine ST. H-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Hooper

(a) RESIDENCE NO. 772 Vine ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE: Years 37 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O'Neill

(c) Name of employer: Va

9 BIRTHPLACE (city or town) (State or country): Earnest Hooper

PARENTS

10 NAME OF FATHER: Va

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: annie Hooper

(Address): 772 Vine St

15 DEC 26 1925, 19 Registrar

Special Permit Cem.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1925, to Dec 23, 1925,

that I last saw h[illegible] alive on Dec 23, 1925,

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Aneurism of aorta

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman, M. D.

Dec 25 1925 (Address) 2687 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Dec 26/1925

20 UNDERTAKER: Daniel Easton — ADDRESS: 916 Park ave

---

mation should be carefully supplied. AGE should be stated EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC[illegible] TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04955 E 04955

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E. Hamilton ST., 11-3 WARD)

2-FULL NAME Julia Burton

(a) RESIDENCE NO. 12 E. Hamilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Randolph Burton

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 637

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thos. Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ann Hazelton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Randolph Burton (Address) 12 E. Hamilton St

15 Filed ..... 19 ..... Robert F. Garrison, Registrar

26 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1920, to Dec 22, 1925, that I last saw h[illegible] alive on Dec 22, 1925, and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam + Sputum

(Signed) Calvert L. Eaton, M. D.

12-29, 1925 (Address) 120 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12/26/1925
20 UNDERTAKER David Easton	ADDRESS 516 Ca ave

mation should be carefully supplied. AGE should be stated EXACTLY. If under one day, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04956 101-001 E 04956

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Faith Lane ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Harris

(a) RESIDENCE NO. 1611 Faith Lane ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Harris

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Freight Handler

(b) General nature of industry, business, or establishment in which employed (or employer) Terminal Ware-House

(c) Name of employer

9 BIRTHPLACE (city or town) Farmville, Va

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Jessie Harris

(Address) 1611 Faith Lane

15 Filed ..... 192 Robert E. Morrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Collins, M. D.

(Coroner.)

12-25-25 192 (Address) 508 E. NorthAve

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL Dec 26 192 5

20 UNDERTAKER R. C. Gross ADDRESS 1405 Eldersley

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04957

CERTIFICATE OF DEATH.

E 04957

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 Cedar ST.: WEST PORT WARD) 25-4

2-FULL NAME Lydia J. Thompson

(a) RESIDENCE. NO. 240 Cedar ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William W Thompson

6 DATE OF BIRTH (month, day, and year) Nov. 6-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jno Towson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Martha Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant William W. Thompson
(Address) 240 Cedar St

15 Filed . 19 Robert F. Harrison Registrar

C 26 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 24 1925

17 I HEREBY CERTIFY, That I attended deceased from December 22 19 25, to Dec. 24 19 25; that I last saw h.. alive on Dec. 24 19 25, and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Alan Kemp V. Brueners, M. D.

, 19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 26 19 25

20 UNDERTAKER: John J. Fields

ADDRESS: 1200 W Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

E 04958

HEALTH DEPARTMENT—CITY OF BALTIMORE

109-002

E 04958

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto Hosp. St., 24-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... William Prum

(Residence in Baltimore: No. 1132 Riverside Ave. St.; yrs. 44 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M.

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (write the word), Single

6-DATE OF BIRTH, ... 1900
(Month) (Day) (Year)

7-AGE, 25 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Policeman
(b) General nature of industry, business, or establishment in which employed (or employer), 061

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wm. Prum

11-BIRTHPLACE OF FATHER, (State or Country), Balto.

12-MAIDEN NAME OF MOTHER, Carrie Slaine

13-BIRTHPLACE OF MOTHER, (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Fritz

(Address) 1132 Riverside ave.

15- Filed C 25 1925, 192.. Robert F. Harrison, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 23, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

5 min

(Duration) ... yrs. mos. ds.

CONTRIBUTORY (Secondary) Tonsillectomy

(Duration) ... yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

Dec. 24, 1925 (Address) 25 E. Fayette St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? No

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, 12/26/25

20-UNDERTAKER, John J. Fahey & Sons — ADDRESS, 1318 Light St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04959

CERTIFICATE OF DEATH.

101-001 E 04959

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 610 E. 33rd St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Webster

(a) Residence No. 610 E. 33rd St St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 26 1858

7-AGE. 67 yrs. 5 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grocery Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country) Md

PARENTS.

10-NAME OF FATHER. John T. Webster

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Elizabeth A. Brooks

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country). Md

14- (Informant) Mrs Mary E. Gray

(Address) ~~812 Hamilton Terrace~~ 610 33rd St

15- Filed ..... 192.....

Registrar.

C 26 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 25/25

17- I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925 to Dec 25 1925

that I last saw him alive on Dec 24 1925

and that death occurred, on the date stated above, at 12.05a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) none

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pettelaian M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Green Mount	12-26, 1925

20-UNDERTAKER.	ADDRESS
Henry A Mears & Son	805 N Calvert

Should be carefully supplied. Exact statement of OCCUPATION is very important. Cause of death must be stated in plain terms, so that it may be properly classified

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04960 — 14-001 — E 04960

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Eisler ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter C. Robinson

(Residence in Baltimore: No. 522 Eisler St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	colored	married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1865 (Year)

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Odd

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida B. Robinson

(Address) 522 Eisler st

15- Filed ..... 1925, Robert P. Harrison, Registrar.

C 26 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 23 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 4 1925, to Dec. 23 1925, that I saw h alive on Dec. 22 1925, and that death occurred, on the date stated above, at 6 40 Pm.

The CAUSE OF DEATH* was as follows:

Right Hemiplegia

(Duration) yrs. mos. 50 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 50 ds.

(Signed) John A. Sidlowsky M. D.

Dec. 24, 1925 (Address) 142 Washington Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 522 Eisler St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Dec. 26, 1925.

20-UNDERTAKER Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04961

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Preston V. Valley 45 Yrs.

(a) RESIDENCE NO. Anna Cunningham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)

5a ~~Married~~, widowed, ~~or divorced~~

~~HUSBAND of~~ (or) WIFE of James Cunningham

6 DATE OF BIRTH (month, day, and year) Jan 13, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Unknown	77	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Fallon

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Anna Cadaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Florence

(Address) Preston & Valley

15 Filed ....., 19.... Robert P. Herrigan Registrar

C 26 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1925

17 I HEREBY CERTIFY, That I attended deceased from No record, 19..., to ..., 19...,

that I last saw h~~er~~ alive on Dec 20, 1925,

and that death occurred, on the date stated above, at 4 15 a. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Dec 24, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: Dec 26, 1925

20 UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Gruns[illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-15-23—M&T—100 Blks.

E 04962

HEALTH DEPARTMENT—CITY OF BALTIMORE

1925
57

E 04962 187

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 546 Mosher St. (Ward) 14-1

2-FULL NAME James M. Tellman

(a) RESIDENCE No. 546 Mosher St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Tellman

6 DATE OF BIRTH (month, day, and year) Oct 26th 1877

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	2	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter 070
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Fallon Bldg

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas E. Tellman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah McBrown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie Tellman
(Address) 546 Mosher St

15 Filed 2-8-1925, 192 Robert P. Farrier, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Val. V. dis. heart

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

(Signed) W. S. Foley, M. D.
(Coroner)
Feb 3 1925 (Address) 1039 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) At place of death ... yrs., ... mos., ... ds. State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr. Lucky — DATE OF BURIAL Feb 7th 1925

20 UNDERTAKER Thomas E. Mitchell — ADDRESS 264 Mary

Burial Permit Clerk

CAUTION is very important. See instructions on back of certificate. CAUTION—Any person who knowingly makes a false statement in this certificate is guilty of a misdemeanor and upon conviction is punishable by a fine not exceeding $500.00 or by imprisonment not exceeding one year, or both.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04963 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04963

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 W Franklin St. 20-5 WARD)

2-FULL NAME Justus F Heinemann

(a) RESIDENCE. No. 1916 W Franklin St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of The late Marie L. S. Heinemann

6 DATE OF BIRTH (month, day, and year) 9-9-57

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boot maker Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Non

(c) Name of employer Non

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant E. Wagner daughter

(Address) 1916 West Franklin St

15 Filed DEC 26 1925, 19 Robert P. Ferrier, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 20 1925, to Dec 23 1925, that I last saw h[illegible] alive on Dec 23 1925, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

6

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

12/23/25 (Signed) Lloyd McCarty, M. D.

(Address) 400 N Rayson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	12/26/25
20 UNDERTAKER	ADDRESS
Geo. Weber & Son	2603 Edmondson

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU TION is very important. See instructions on back of certificates.

Spec.-1-10-21-M&T-1500 Blks.

E 04964

HEALTH DEPARTMENT—CITY OF BALTIMORE 04964

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2400 Annah ave (WARD) 16-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Elizabeth Ciel

(a) RESIDENCE No. 2400 Annah ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman L. Ciel

6 DATE OF BIRTH (month, day, and year) Dec 6 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Mt Gilboa (State or country) Baltimore Co

PARENTS

10 NAME OF FATHER Frederick Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Estell Ciel Dourigan

(Address) 2400 Annah ave

15 Filed ..... 19 Robert P. Herrmann, Registrar

EC 26 192

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23rd 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 19 25 to Dec 23, 19 25.

that I last saw h alive on Dec 23, 19 25.

and that death occurred, on the date stated above, at 9 PM m.

The CAUSE OF DEATH* was as follows:

Uraemia coma

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Senile Debility & Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm Thorn M. D.

12/26 19 25 (Address) 3400 Gaman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cemetery	12/26 1925
20 UNDERTAKER	ADDRESS
Gu Robert & Son	2503 Edmondson ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04965

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04965

CERTIFICATE OF DEATH.

127-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2808 Winchester ST., 16-3 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H Neal

(a) RESIDENCE No. 2808 Winchester ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? Life yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha E Neal

6 DATE OF BIRTH (month, day, and year): March 8 1857

7 AGE: Years 68 | Months 9 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Painter

(b) General nature of industry, business, or establishment in which employed (or employer): 050

(c) Name of employer: Own Self.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas Neal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs. Gertrude R. Jones (Address) 2808 Winchester St

15 Filed ..... 19 ..... Registrar .....

DEC 26 1925

S. C. Helen Wallace 2515 (2757 E. Northern)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 4, 1925, to Dec. 24, 1925; that I last saw him alive on Dec. 24, 1925, and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) ... yrs. 18 mos ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) H. K. Mallon M. D.

12/24/25 (Address) 2757 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: Dec 26 1925

UNDERTAKER: William Cook — ADDRESS: 502 E Nathan

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks. (Thomas)

E 04966

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04966

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

City of BALTIMORE: (No. 1123 Carroll St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Louise John

(a) Residence No. 1123 Carroll St., 21 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm John

6-DATE OF BIRTH (month, day and year): Apr. 12, 1843

7-AGE: 82 yrs. 8 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED:

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS:

10-NAME OF FATHER: John Koffeet

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant): Wm Louis (Address): 1123 Carroll St

15- Filed DEC 26 1925 192 Robert P. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 24-25

17- I HEREBY CERTIFY, That I attended deceased from Dec 24-25 to Dec 24 19 25

that I last saw h. alive on Dec 24 19 25

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Gen Arterio Sclerosis

Gangrene Foot

(Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Oedema Lungs

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Thos. G. Schwamberg M. D.

19 (Address) 11 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: Dec 26 19 25

20-UNDERTAKER: Wm Cook — ADDRESS: 502 E Fayette Ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-16-21—M&T—1500 Blks.

Cylburn House
1901 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04967

CERTIFICATE OF DEATH.

90E 04967

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Lakeside Ave. WARD) 36

2-FULL NAME Philip W. Reiter

(a) RESIDENCE NO. 1710 Lakeside ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Alberta S. Reiter

6 DATE OF BIRTH (month, day, and year) 2-15-1863

7 AGE: Years 62 | Months 10 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Asst. City Weigh Master

(b) General nature of industry, business, or establishment in which employed (or employer): 073

(c) Name of employer: Western Md. R.R. Co

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Philip R. Reiter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Let, Tourneaur

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Joseph Fingerwald

(Address) 1710 Lakeside Ave

15 Filed ..... 19 ..... Registrar

C 26 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1925, to Dec 25th, 1925, that I last saw him alive on Dec 25th, 1925, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Endocarditis

(duration) yrs. 14 mos ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Feb 15th 1925 Removal of Jaw

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) J. B. Culbertson M. D.

12/26/25 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL 12/28 1925

20 UNDERTAKER: William Cook — ADDRESS 502 E Fayette Ave

Mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec—1-10-21—M&T—1500 Bks.

E 04968

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04968

CERTIFICATE OF DEATH.

X 129

REGISTERED NO. 18585

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wesley Squires

(a) RESIDENCE NO. Spencer N.C. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of Mrs. Lena Squires (or) ~~WIFE of~~

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work RR clerk 029

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Spencer N. C.
(State or country)

PARENTS

10 NAME OF FATHER John Squires

11 BIRTHPLACE OF FATHER (city or town) N.C.
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Evans

13 BIRTHPLACE OF MOTHER (city or town) N.C.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 28 1925, 19 Robert F. Harrison Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25th, 1925, to Dec. 25th, 1925, that I last saw him alive on Dec. 25th, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? North Carolina

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Chester S Wesley, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Spencer. Rowan Co

DATE OF BURIAL Dec 26 1925

20 UNDERTAKER W. M. Cook

ADDRESS 502 E Northern

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 04969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04969

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Enroute from St. Paul & 25th Sts.

CITY OF BALTIMORE: (No. To 620 Cokesbury Ave ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ralph C. Edwards

(a) RESIDENCE NO. 620 Cokesbury Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Edwards

6 DATE OF BIRTH (month, day, and year) April 12, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	8	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) B,C & A
(c) Name of employer Steamship Co

062

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Richard Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Richard A. Edwards
(Address) 620 Cokesbury Ave

15 Filed DEC 26 1925, 192 Robert P. Harris Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) J S H Bullen (Coroner.) M. D.

12/24-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 12/26/25 192

20 UNDERTAKER William Cook

ADDRESS 502 E. North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04970

CERTIFICATE OF DEATH.

E 04970

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Genrl Hosp. ST. 24-3 WARD)

REGISTERED NO. 101-09

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Chanfelt

(a) RESIDENCE No. 1451 Woodall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margret Chanfelt.

6 DATE OF BIRTH (month, day, and year) July 19 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of Industry, business, or establishment in which employed (or employer) 074

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Leorg Chanfelt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Agnes Hollman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Record (Address)

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

DEC 26 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21 .1925. to Dec. 23 .1925.

that I last saw him alive on Dec. 23, .1925.

and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 2 yrs. 0 mos 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia - pneumonia

(duration) 0 yrs. 0 mos. 7 ds.

18 Where was disease contracted if not at place of death? 1451 Woodall St.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Course.

(Signed) William B. Hilton, M. D.

12/24 1925 (Address) 808 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Dec 26 1925

20 UNDERTAKER Margaret A. Flynn — ADDRESS 1422 Light St.

I. S. WRITE PLAINLY, with indelible pencil. Filling mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04971

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04971

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 S. Howard ST. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Collins

(a) RESIDENCE. NO. 1035 S. Howard ST. 23 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Collins

6 DATE OF BIRTH (month, day, and year) unknown 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer do

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Louis Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ella Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Blanche Collins. (Address) 935 S Sharp St.

15 Filed . Robert P. Harrison, Registrar

Burial Permit Clerk

C 26 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/26 1925 to 12/23 1925.

that I last saw him alive on 12/23 1925.

and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows: Chr.

Pulmonary Tb

duration yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chr. Recurrent Pneumonia duration yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/24 1925 (Address) 935 S Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	12/26 1925
20 UNDERTAKER Samuel T. Brumley	ADDRESS 538 N Eddie

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fe
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU
TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 04972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002

E 04972

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 S. Ann ST. 2-1 WARD)

2-FULL NAME Laura Stella Barzyo,

(a) RESIDENCE NO. 14 S. Ann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 5 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Salt Lake City
(State or country)

PARENTS

10 NAME OF FATHER Walter Barzyo

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Josephine Jakubowska

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Cecile Barzyo
(Address) 207 S Ann St

15 Filed DEC 28 1925 192 Robert P. Harrison, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fenton, M. D.
(Coroner.)

Dec 25, 1925 (Address) 1002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Dec 26 1925
20 UNDERTAKER	ADDRESS
John H Weber	1503 Bank St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(Brown)

E 04973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04973

CERTIFICATE OF DEATH.

N-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Bruce ST. 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Brown

(a) RESIDENCE NO. 1413 Bruce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Brown (deceased)

6 DATE OF BIRTH (month, day, and year) [illegible] 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md.

PARENTS

10 NAME OF FATHER Robt. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Henrietta Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Addie Brown

(Address) 1413 Bruce St

15 Filed DEC 26 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1920

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1920, to Dec 22, 1920, that I last saw h[illegible] alive on Dec 22, 1920 and that death occurred, on the date stated above, at 1.45 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Edw. J. Wheatley, M. D.

12/27 1920 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Dec 26 20

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. This certificate should be filled out in full, as mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC TION is very important. See instructions on back of certificates.

DEC 26 1925

E 04974

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04974

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. St., 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Margaret Noonan

(Residence in Baltimore: No. 202 E. Henrietta St.; yrs. 67 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) widow

6-DATE OF BIRTH, about 1858
(Month) (Day) (Year)

7-AGE, 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. at Home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Stephen J. Little

(Address) 3601 Garrison Ave.

15-

Filed DEC 26 1925, 192.

Robert P. Harrison,
Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 24, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M.D.
(Coroner)

Dec. 24 1925 (Address) 202 Eden Lane

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	December 28, 1925
20-UNDERTAKER,	ADDRESS
George J. Smith	153 Hollins st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 04975

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04975

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital St. 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Day

(a) RESIDENCE NO. 2101 E. Lombard St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	17 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Asa Day

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Isaac Day (P)

(Address) 2101 E Lombard St

15 Filed DEC 26 1925, 19 Robert F. Weis Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 23, 1925 to Dec 24, 1925

that I last saw h alive on Dec 24, 1925

and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John G. O'Connor M. D.

, 19 (Address) 1134 Mount Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL Dec 28 1925

20 UNDERTAKER Wendell Dorsett & Son ADDRESS 3305 Bond St

mation should be carefully supplied. AGE should be stated EXACTLY. THIS IS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04976 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04976

CERTIFICATE OF DEATH.

88

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3118 Presbury ST. 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Andrew Anderson

(a) RESIDENCE NO. 3118 Presbury ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Anderson.

6 DATE OF BIRTH (month, day, and year) January 17-1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Yard Master 073

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer B & O. Railroad.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Anderson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Regina Groh.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant ~~Stamm~~ Tillie Jester. (Address) 3118 Presbury St.

15 Filed DEC 26 1925 Robert P. Harris, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 24 1925

17 I HEREBY CERTIFY, That I attended deceased from December 21, 1925, to December 24, 1925, that I last saw him alive on December 24, 1925, and that death occurred, on the date stated above, at 7:50 a. m.

The CAUSE OF DEATH* was as follows:

Septic Arthritis

(duration) — yrs. 1 mos 14 ds.

CONTRIBUTORY (Secondary) Septic Endocarditis

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Chester Ruland, M. D.

12-24 1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Dec 28 1925

20 UNDERTAKER F. B. Wagner — ADDRESS 1850 W. Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should report CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04977

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04977

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View asylum. Registered No. 15-13 100-001

City of BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Switzer

(a) Residence No. 1715 North Fulton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
male	White	~~Widowed~~

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1854.

7-AGE.	If LESS than 1 day,
71 yrs. mos. ds.	hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter 050

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. William Switzer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Elizabeth (?)

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14- (Informant) Hospital Records

(Address) Baltimore City Hospital

15- Filed 19? Robert P. [illegible] Registrar.

DEC 26 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12/24/25.

17- I HEREBY CERTIFY, That I attended deceased from 12/8/25, 19.., to 12/24/25, 19.., that I last saw him alive on 12/24/25, 19.., and that death occurred, on the date stated above, at 10.5 P.M.

The CAUSE OF DEATH* was as follows:

Chronic benign prostatic hypertrophy

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12/9/25

Was there an autopsy? Surgical Pathological

What test confirmed diagnosis? Clinical + Lab. Tests.

(Signed) L. A. P. Champe M. D.

Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Olivet	Dec 26, 19 25

20-UNDERTAKER.	ADDRESS
Martin Talley & Son	157 W Saratoga

NOTE.—WRITE PLAINLY. CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 04978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04978

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Jail ST., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. J. Breakmore

(a) RESIDENCE No. 1426 Eastern Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) Portsmouth Va
(State or country)

PARENTS

10 NAME OF FATHER Michael Breakmore

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Kate Bauer

13 BIRTHPLACE OF MOTHER (city or town) Portsmouth
(State or country)

14
Informant Mrs Elliott. Sister
(Address) Portsmouth Va

15
Filed ..... 192 .....
Registrar

DEC 26 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental
Broncho Pneumonia
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. J. Phillips, M. D.
(Coroner)
Dec 26, 1925 (Address) 765 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincent Cem. DATE OF BURIAL Dec 28 192 5

20 UNDERTAKER Geo. J. Ruth ADDRESS 1335 Hartford Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04979 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04979

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST. 243 WARD)

REGISTERED NO. 16001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Leyhe

(a) RESIDENCE NO. 207 Nicholson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/23/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Otto Leyhe

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md (State or country)

12 MAIDEN NAME OF MOTHER Evelyn Reilly

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant St Joseph Hospital records (Address) Robert B. Farriss.

15 Filed 12/26, 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/23, 1925, to 12/23, 1925, that I last saw her alive on 12/23, 1925, and that death occurred, on the date stated above, at 8:30 p m.

The CAUSE OF DEATH* was as follows: Premature — (6½ mos.)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Autopsy

(Signed) Dwen R Jensen, M. D.

(Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery DATE OF BURIAL 12/26 1925

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificate.

DEC 26 1925

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04980

CERTIFICATE OF DEATH.

74 E 04980

REGISTERED NO. 1201

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3 Chancery Square ST., 17-1 WARD) Guilford

2-FULL NAME Emily Virginia Milliken

(a) RESIDENCE NO. 3 Chancery Square ST., Guilford WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 91 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY mation should be carefully supplied. AGE should be stated EXACTLY. PHYSI CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William H. Milliken

6 DATE OF BIRTH (month, day, and year) Nov 13th 1834

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER George H. Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore City

12 MAIDEN NAME OF MOTHER Margaret Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore City

14 Informant Howard Milliken

(Address) 3 Chancery Sq. Guilford

15 Filed ..... 19 ..... Robert P. Farrell Registrar

C 26 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25th 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 12th, 1925, to Dec 25th, 1925

that I last saw her alive on Dec. 24th, 1925,

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

The infirmities of old age

& Cerebral Hemorrhage

which took place on Oct. 12th 1925

(duration) yrs. 3 mos 13 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. 3 mos. 13 ds.

18 Where was disease contracted if not at place of death? 3 Chancery Square

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Age & paralysis

(Signed) Nellie V. Mark M. D.

, 19 (Address) 318 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 12-28-1925

20 UNDERTAKER Henry W. Jenkins & Son Co

ADDRESS Orchard and McCulloh Sts

Spec.—1-10-21—M&T—1500 Bks.

E 04981 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 04981

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital REGISTERED NO. .....

CITY OF BALTIMORE: (No. 33rd & Charles Sts ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Edward S. Stanley

(a) RESIDENCE NO. 218 W. Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Edward S. Stanley

6 DATE OF BIRTH (month, day, and year) Sept 12-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Mary Land.
(State or country)

PARENTS

10 NAME OF FATHER Mr James S. Stanley

11 BIRTHPLACE OF FATHER (city or town) Mary Land
(State or country)

12 MAIDEN NAME OF MOTHER Caroline Schwartz

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Union Memorial Hosp Record.
(Address)

15 Filed DEC 26 1925, 19 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1925, to Dec. 25, 1925, that I last saw him alive on Dec. 25, 1925, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Pericarditis

(duration) ..... yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) ..... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Edwin B. Jobert, M. D.

, 19 (Address) U. M. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem

DATE OF BURIAL Dec 28th 1925

20 UNDERTAKER Henry H. Jenkins Son Co

ADDRESS McCulloh & Orchard Sts

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-12-23-21—E.B.R.S.—400 Bks.

E 04982

HEALTH DEPARTMENT—CITY OF BALTIMORE

38

E 04982

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

Registered No.....

City of BALTIMORE: (No. [illegible] St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... William Edmonds

(a) Residence No... 1421 E Fairmount St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1874

7-AGE. 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Virginia

(State or Country),

PARENTS.

10-NAME OF FATHER, Benfort Edmonds

11-BIRTHPLACE OF FATHER (city or town)..... Va.

(State or Country),

12-MAIDEN NAME OF MOTHER, Martha ?

13-BIRTHPLACE OF MOTHER (city or town)..... Va

(State or Country),

14- (Informant) Baltimore City Hospitals Records

(Address).....

15-

Filed..... Robert P. Harrison

Registrar.

DEC 26 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec. 23, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct. 12 1925 to Dec. 23, 1925

that I last saw him alive on Dec. 23 1925

and that death occurred, on the date stated above, at 4:50 p.m.

The CAUSE OF DEATH* was as follows:

Syphilitic aortitis

Aortic insufficiency

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (History)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Miller M. D.

12/23, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, asbury cemetery

DATE OF BURIAL, Dec 28, 1925

20-UNDERTAKER, Edward Bryan

ADDRESS 1631 orleans st

N. B.—WRITE PLAINLY, WITH UNFADING INK. ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ... instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04983

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital (K.) WARD)

2-FULL NAME John Bakerjon

(a) RESIDENCE No. 435 S Chester ST., 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	wh.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer in Oyster

(b) General nature of industry, business, or establishment in which employed (or employer) Oyster

(c) Name of employer Industry

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Friedrich Bakerjon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Harriett Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary E. Jenkins (Sister)
(Address) 2421 Eastern ave

15 Filed ....., 19 ..... Registrar

DEC 26 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1925, to Dec 24, 1925,

that I last saw him alive on Dec 24, 1925,

and that death occurred, on the date stated above, at 4.00 AM m.

The CAUSE OF DEATH* was as follows:

Myocarditis Natural
& Senile Disappearing

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) none

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) ..... M. D.

Dec 24 1925 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL Dec 26 1925

20 UNDERTAKER Lilly & Zeller

ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

E 04984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 04984

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Emmanuel Hospital ST. 15-2 WARD)

2-FULL NAME - George W. Easter.

(a) RESIDENCE No. 2922 - Boarman Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Johanna Deason (Deceased)

6 DATE OF BIRTH (month, day, and year) 1864 Feb. 22

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61		10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Barber. 044

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City.

PARENTS

10 NAME OF FATHER Peter Easter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Deason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Infant Easter

(Address) Bel Air Rd & Holly Avenue.

15 Filed ..... 19 Robert P. Harrison, Registrar

DEC 26 1925

Requested by Defendant 3/19/26.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24, 1925.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1925 to Dec. 24, 1925. that I last saw him alive on Dec. 24, 1925, and that death occurred, on the date stated above, at 8 - P. m.

The CAUSE OF DEATH* was as follows:

Uremia & Broncho Pneumonia.

Acute (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Bladder. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? Yes. Date of Dec. 24, 25 - Supra Pubic Cystotomy.

Was there an autopsy? Not permitted.

What test confirmed diagnosis? Diagnostic Signs

(Signed) Wm L. Brooks, M. D.

, 19 (Address) Emmanuel Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Dec 28 1925

20 UNDERTAKER Fredk Lasaster & Sons — ADDRESS Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04985 E 04985

CERTIFICATE OF DEATH.

26-1-51

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No.) BALTIMORE CITY HOSPITALS St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J Katzenberger

(a) Residence No. Bay View Asylum St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret I. Katzenberger

6-DATE OF BIRTH (month, day and year) Dec 7, 1865

7-AGE. 60 yrs. - mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Travelling 66

(b) General nature of industry, business, or establishment in which employed (or employer)..... Salesman

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore

(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Louis Katzenberger

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Ohio

12-MAIDEN NAME OF MOTHER, Rose Mallen

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14- (Informant) Baltimore City Hospitals

(Address)..... Records

15- Filed ..... 192.... ..... Registrar.

DEC 28 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec. 25, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1925 to Dec. 25 1925

that I last saw him alive on Dec. 25 1925

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic gangrene of foot (Duration) yrs. mos. ds.

18-Where was disease contracted If not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Dibble M. D.

12/28, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL. Dec 28, 1925

20-UNDERTAKER Jos Block

ADDRESS 1003 W Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04986

E 04986

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 Bolton St. (ST.) 14-2 (WARD)

2-FULL NAME Joseph D. Hoffman

(a) RESIDENCE NO. 1809 Bolton Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: International 086

(b) General nature of industry, business, or establishment in which employed (or employer): Cor. Course

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER J. Homer Hoffman, M.D.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susie Lee Burk

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant J. Homer Hoffman, M.D. (Address) 1809 Bolton Street

15 Filed , 19 Robert P. Merriken, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2 , 1925 , to Dec. 25 , 1925 , that I last saw h[illegible] alive on Dec. 25 , 1925 , and that death occurred, on the date stated above, at 7-45 P. m.

The CAUSE OF DEATH* was as follows:

Brights disease of Kidneys complicated with organic disease of heart.

(duration) yrs. 3 mos. 23 ds.

CONTRIBUTORY (Secondary) Anaemia due to Hemorrhage (duration) yrs. 2 mos. 2 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Albumen test

(Signed) J. H. Hoffman, M. D.

12-30-25 (Address) 1809 Bolton Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem DATE OF BURIAL Dec 28 1925

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Pratt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 26 1925

Spec.—1-10-21—M&T—1500 Bks.

E 04987 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04987

CERTIFICATE OF DEATH.

91-02

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3 W. Heath Street (St.) (Ward) 42-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosena Bichmann

(a) RESIDENCE NO. 3 W. Heath Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12, 1830

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	95	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baden
(State or country) Germany

PARENTS

10 NAME OF FATHER Casper Mohr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Martha Wagner
(Address) 4124 Forest Park Ave.

15 Filed DEC 26 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925 to Dec 24 1925

that I last saw h[illegible]ive on Dec 24, 1925

and that death occurred, on the date stated above, at 2.50 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Bedridden
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. H. Campbell M. D.

12-24 1925 (Address) 1644 S. Hanover Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park Cem

DATE OF BURIAL Dec 26 1925

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Butler St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04988

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04988

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Payne and Dukeland ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Carell

(a) RESIDENCE No. 1404 Mchenry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Mute	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 25 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	—	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Lonas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Samuel Carroll

(Address) 934 Bennett Place

15 Filed ..... 19 .....

Registrar

Burial Permit Clerk

DEC 26 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24 1925

17

I HEREBY CERTIFY, That I attended deceased from 12/22 1925 to 12/24 1925

that I last saw her alive on 12/24 1925

and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (cerebral)

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. M. Quinn, M. D.

19 (Address) W. B. C. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	12/28 1925
20 UNDERTAKER Robert Brookerson	ADDRESS Eathourn Avenue

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICI... should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... TION is very important. See Instructions on back of certificates.

101-001 E-04989

E 04989

STATE OF MARYLAND
CERTIFICATE OF DEATH

1 PLACE OF DEATH. County Balto. City — Registration Dist. No. 25

Village or City East Brooklyn (No. 120 Thirdover, St., Ward) — [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME William Brady — in City 6 years

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	Wh	Married

6 DATE OF BIRTH: Jan (Month) 2 (Day), 1892 (Year)

7 AGE: 33 yrs. 11 mos. 22 ds. — If LESS than 1 day, hrs. OR min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Labor 040
(b) General nature of industry business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Kentucky

PARENTS

10 NAME OF FATHER: R. A. Brady

11 BIRTHPLACE OF FATHER (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Pete Brady
(Address) 39-3rd ave East Brooklyn Md.

15 Filed DEC 26 1925, 191 — Robert P. Harrison, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 24 (Day), 1925 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1925, to Dec 24th, 1925, that I last saw him alive on Dec 24th, 1925, and that death occurred on the date stated above, at m.

The CAUSE OF DEATH * was as follows:

Lobar pneumonia, primary, bilateral, right.

(Duration) yrs. 13 mos. ds.

Contributory Secondary: Lobar pneumonia, primary bilateral right.

(Duration) yrs. mos. ds.

(Signed) Robert W. Johnson M. D.

, 191 (Address) Brooklyn, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State, yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedarhill Cem — DATE OF BURIAL: 12/26, 1925

20 UNDERTAKER: Robert Brookmeyer — ADDRESS: Baltimore Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

B Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04990 — 31 — E 04990

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 416 N. Greene ST. 17-2 WARD)

2-FULL NAME Lillian M. Amos

(a) RESIDENCE NO. 416 N. Greene ST. , WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 9 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Harry D. Amos

11 BIRTHPLACE OF FATHER (city or town) Pa. (State or country)

12 MAIDEN NAME OF MOTHER Naomi Davis.

13 BIRTHPLACE OF MOTHER (city or town) Pa. (State or country)

14 Informant Mrs. Harry D. Amos
(Address) 416 N. Greene St

15 Robert P. Harrison,
Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-6 .1925. to 12/25 .1925.
that I last saw her alive on 12-25 .19 25
and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

12/26/25 (Signed) D. Deane Miller M. D.

M (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Hope (Md.) Maryland Line Cemetery — DATE OF BURIAL: Dec. 28 1925

20 UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E Eager St

DEC 26 1925

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04991

CERTIFICATE OF DEATH.

123 E 04991

1-PLACE OF DEATH Church Home & Infirmary

REGISTERED NO.

CITY OF BALTIMORE: (No. 8-2 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Pinkus

(a) RESIDENCE NO. 1606 N. Montford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Pinkus

6 DATE OF BIRTH (month, day, and year) April 24th, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	61	7 8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer) O'Neill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Samuel Pinkus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Augusta Grunthal

(Address) 3926 Woodbine Ave.

15 [illegible], 19

Registrar

Burial Permit Clerk

DEC 26 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-1925

17

I HEREBY CERTIFY, That I attended deceased from 12-17-, 1925, to 12-24, 1925,

that I last saw him alive on 12-24, 1925

and that death occurred, on the date stated above, at 11 50 p. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis, chronic

Cholecystolithiasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-11-25 (NSV)

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & autopsy

(Signed) F. J. Wm. Dr. M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cemetery	12/27/1925

20 UNDERTAKER E. J. Fleming & Son ADDRESS 1738 E. Lafayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04992 — 11-001 — E 04992

CERTIFICATE OF DEATH.

15-13

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1702 N. Carey ST. WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Boyd

(Residence in Baltimore: No. 1702 Carey St. St.; 25 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mall

4-COLOR OR RACE, Col

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~, (Write the word.) Sgl

6-DATE OF BIRTH, Aug 7th 1893
(Month) (Day) (Year)

7-AGE, 32 yrs. 4 mos. 16 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer D.W.O
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Benjamin Boyd

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Lottie Pinkney

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Viola Boyd
(Address) 1702 Carey

15-
Filed DEC 26 1925 Robert P. Harrison, Registrar.
Chief Deputy Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1925, to Dec 23 1925, that I saw h.. alive on 12/23 1925, and that death occurred, on the date stated above, at 2 00 a.m.

The CAUSE OF DEATH* was as follows:

1 Pneumonia (Lobar) (Bronchial)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Grippe
(Duration) 1 wk yrs. mos. ds.

(Signed) M. D.
12/26/25 (Address) 1 E Colton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? Maryland
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery DATE OF BURIAL, Dec 27, 1925

20-UNDERTAKER Private Georgia ADDRESS Virginia A. Brooks 1463 N. Carey St

Spec.—1-10-21 M&T—1500 Blks.

E 04993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04993

46

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 N. Eutaw ST. 11-2 WARD)

2-FULL NAME Edith Webb Height.

(a) RESIDENCE NO. 1031 N. Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Colored	married

5a If married, widowed, or divorced (or) WIFE of Robert Height.

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	28	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid. 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Maryland Gen'l Hosp.

9 BIRTHPLACE (city or town) (State or country) 1302 Division St. Baltimore, Md.

PARENTS

10 NAME OF FATHER James H. Webb.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tappahannock. Essex Co Va

12 MAIDEN NAME OF MOTHER Priscilla Short

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Marys Co Md.

14 Informant J. H. Webb (Address) 1081. N. Eutaw St

15 Filed DEC 26 1925, Robert P. Harrison, Registrar

burial permit sent

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1924, to Dec 25, 1925.

that I last saw h[illegible] alive on Aug. 1, 1925,

and that death occurred, on the date stated above, at 3.45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Grant Ward. M. D.

, 19 (Address) 1418 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery

DATE OF BURIAL Dec 27 1925

20 UNDERTAKER Edward Bryan

ADDRESS 691 Orleans St

Spec.—10-21—M&T—1500 Bks.

1865 86

E 04994

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 74-00

E 04994

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Ingersfield

(a) RESIDENCE NO. 1142 W. Patrick Frederick Md. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Markell Keller

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: 65 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto Boathkeeper

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Ind.

PARENTS

10 NAME OF FATHER: Francis Markell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ind.

12 MAIDEN NAME OF MOTHER: Caroline Blaine Delaplane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ind.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

DEC 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 26th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17th, 1925, to Dec. 26th, 1925, that I last saw h[illegible] alive on Dec 26th, 1925, and that death occurred, on the date stated above, at 5.20 p.m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy Prostate

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Arterial Thrombosis

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? Frederick Md

Did an operation precede death? yes Date of Dec 12 25

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Robert Wm Cary, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick Md — DATE OF BURIAL: Dec 28 1925

20 UNDERTAKER: Thomas P. Rice — ADDRESS: Frederick Md

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-002

E 04995

CERTIFICATE OF DEATH.

E 04995

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 N. Bond St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Burkert

(a) RESIDENCE No. 1520 N. Bond St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? 85 yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (illegible) Barbara Burkert

6 DATE OF BIRTH (month, day, and year) May 2nd 1832

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	93	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Burkert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles Burkert Jr (Address) 1520 N. Bond St

15 Filed DEC 27 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1925

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1925, to Dec 26, 1925, that I last saw h[illegible] alive on Dec 25, 1925, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Senile Atrophy

Duration — 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cap. Stonesifer

Duration — yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) C. H. Stump, M. D.

19 (Address) 107 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Dec 28th 1925

20 UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument St

Cor.—1-12-26—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F E 04996 003

CERTIFICATE OF DEATH.

188 E 04996

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. 5-1 WARD)

2-FULL NAME Becky Kloman.

(a) RESIDENCE NO. 1022 E. Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Sol Kloman.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia.

14 Informant Sol Kloman. (husband)
(Address) 1022 E. Fayette St.

15 Filed DEC 27 1925 192 [illegible] Registrar
[illegible] Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 24 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Fracture of Skull. Struck by Auto Truck while crossing street Accidental.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt (Coroner) M. D.

Dec. 26 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Inatitutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? Charles St. north of Baltimore St.

Former or usual residence Dec. 25, 1925

19 PLACE OF BURIAL, CREMATION OR REMOVAL Herbert Reinhardt

DATE OF BURIAL 12/29 192 5

20 UNDERTAKER Jack Lewis

ADDRESS 1409 Eutaw St

Spec. 10-21—M&T—1500 Bks.

1825 90

E 04997 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04997

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST. 153 WARD)

2-FULL NAME Katie Bard

(a) RESIDENCE NO. 2900 Nhman Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Bard

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Lewis Bard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rosia Howaris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 27 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9th, 1925, to Dec. 25th, 1925, that I last saw he alive on Dec 25th, 1925, and that death occurred, on the date stated above, at 10 AM a. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure secondary to rheumatic heart disease, c aortic stenosis + regurgitation, mitral stenosis + regurgitation.

(duration) 9 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Electro - cardiographic &c.

(Signed) E. F. Wahl, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rest

DATE OF BURIAL 12/27 1925

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Baltimore

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 04993

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 04993

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Linden ave ST. 13-6 WARD)

2-FULL NAME Ida Levin

(a) RESIDENCE NO. 2203 Linden ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Levin

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Russia

14 Informant Jack Levin
(Address) 1409 E Baltimore St

15 Filed DEC 27 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26th. 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 12th. 1925, to Dec. 26th. 1925, that I last saw h.er alive on Dec. 26th. 1925, and that death occurred, on the date stated above, at 6 AM m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) Eugene F Leopold, M. D.

, 19 (Address) 100 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Union Run — DATE OF BURIAL 12/27 1925

20 UNDERTAKER Jack Levin — ADDRESS 1409 E Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 4999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

E 04999

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Hollins ST. 18-2 WARD)

2-FULL NAME David Siedman

(a) RESIDENCE NO. 1020 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. — mos. 7 ds. How long in U. S., if of foreign birth? 7 yrs. — mos. 7 ds.

(If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 20 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	—	7 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md (State or country)

PARENTS

10 NAME OF FATHER Benj Siedman

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Mollie Beginsky

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant Benj Siedman (Address) 1020 Hollins st

15 Filed DEC 27 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1925, to Dec 26, 1925, that I last saw him alive on December 26, 1925, and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Ist diphtheria paralysis 3 weeks

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Nora Paulsen, M. D.

12/27 1925 (Address) Six South Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run — DATE OF BURIAL 12/27 1925

20 UNDERTAKER Sol Rimmer & Bro — ADDRESS 1127 E Balto st

Spec.—1-10-21—M&T—1500 Blks.

Nusinow

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05000

CERTIFICATE OF DEATH.

162

E 05000

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St., 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Nusinow

(a) RESIDENCE NO. 150 E Balto St Hebrew Hospital ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. — mos. 4 ds. How long in U. S., if of foreign birth? yrs. — mos. 4 ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 21/25

7 AGE	Years	Months	Days	10 LESS than 1 day, ...hrs. or ...min.
	—	—	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Pinchas Nusinow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jobie Nusinow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant P. Nusinow (Address) 150 E. Balto. St

15 Filed DEC 27 1925 ROBERT R. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-25 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-21-25, 19..., to 12-25, 19 25, that I last saw him alive on 12-25, 19 25, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Atalectasis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Nils Ferry, M. D.

12/26/1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel — DATE OF BURIAL 12/27/1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto st

Spec.—6-9-19—1[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05001

CERTIFICATE OF DEATH.

101 E 05001

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2517 E. Madison ST.; 7 WARD)

2-FULL NAME Concettina Catherine Cicciare

(a) RESIDENCE. No. 2517 E. Madison ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 28 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	8	29 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) New York
(State or country)

PARENTS

10 NAME OF FATHER Cosimo Cicciare

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Magri

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant
(Address) 2517 E. Madison

15 Filed [illegible] 19 [illegible] Registrar

DEC 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1925, to Dec. 26, 1925, that I last saw her alive on Dec. 26, 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Pulmonary Abscesses (Multiple)

(duration) yrs. 5 mos. 28 ds.

18 Where was disease contracted if not at place of death? —

* Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Philibert Artigiani, M. D.

, 19 (Address) 2942 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 28 1925
20 UNDERTAKER	ADDRESS
Stuart Crockson	1906 E. Oliver

CONFADE[illegible] THIS IS A [illegible]T RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state fully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05002 E 05002

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Cornelius Courtee St. 17-3 Ward)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 705 Pierce St

(a) RESIDENCE. No. 705 Pierce St. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan, 1876

7 AGE: Years 49 | Months 11 | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Chas R. Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Martha Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mamie Davis

(Address) 705 Pierce St

15 Filed DEC 27 1925, 19.... ROBERT R. KRAUTER, Registrar

Assist. Registrar Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1925, to Dec 26, 1925, that I last saw h... alive on Dec 26, 1925, and that death occurred, on the date stated above, at 8 45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. J. Norwood, M. D.

Dec 26, 19 (Address) 909 Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: 12/28 19

20 UNDERTAKER: Samuels Newsley

ADDRESS 578 Eddie

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05003

CERTIFICATE OF DEATH.

45

E 05003

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 2916 Division ST. 14-1 WARD)

2-FULL NAME Lloyd R. Foote

(a) RESIDENCE No. 2016 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Foote

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE: Years 65; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Galesville Md

PARENTS

10 NAME OF FATHER: George Foote

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliza Creek

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant: Elizabeth Foote

(Address) 2016 Division St

15 Filed ..... 19..... Registrar

ROBERT R. KRAUSER

Assistant Registrar of Vital Statistics

DEC 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1925, to Dec. 23, 1925

that I last saw her alive on Dec. 22, 1925

and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of intestines, (Transverse colon)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, microscopic

(Signed) W. J. Carr, Jr., M. D.

1925 (Address) 515 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 12/27/25

20 UNDERTAKER: Samuel Hensley

ADDRESS: 1128 Eden

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05004

CERTIFICATE OF DEATH.

31 E 05004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. 16-7 WARD)

2-FULL NAME William Sidney

(a) RESIDENCE No. 620 N. Stockton st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Sidney

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Major Sidney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Victoria ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

15 Filed DEC 27 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25, 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1925, to Dec. 25, 1925, that I last saw him alive on Dec. 25, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) W. McKane Jr., M. D.

12-25-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem — DATE OF BURIAL 12/27/1925

20 UNDERTAKER Sam Easton — ADDRESS 916 Gay

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WARNING—RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05005 66 E 05005

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Andrew Gaskins

(Residence in Baltimore: No. 1108 Penna ave. St.; 5 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): single

6-DATE OF BIRTH. about ..... 1895 (Month) (Day) (Year)

7-AGE. 30 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Restaurant Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Oyst

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country). Virginia

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Gaskins

(Address) 1108 Penna. ave.

15-

Filed ..... 192.....

Registrar.

DEC 27 1925 CHAS. S. ADAMS

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 23, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute alcoholism

(Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Dec 24 1925 (Address) 250 N Eutaw Pl

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, 12/27/1925

20-UNDERTAKER, Daniel Easton — ADDRESS 916 Pa ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05006

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 05006

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 E Fayette St. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Alethea Harper

(a) RESIDENCE NO. 1618 E Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER Calvin Harper

11 BIRTHPLACE OF FATHER (city or town) N.C. (State or country)

12 MAIDEN NAME OF MOTHER Jessie Bodgett

13 BIRTHPLACE OF MOTHER (city or town) Tenn (State or country)

14 Informant (Calvin Harper Father)

(Address) 1618 Fayette st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 25, 1925, to Dec 25, 1925, that I last saw her alive on Dec 25, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Y, M. D.

12/25 1925 (Address) 1424 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery

DATE OF BURIAL Dec 28 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1681 orleans st

DEC 27 1925 R. KRAUTER, [illegible] Clerk.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-3-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05007 31 E 05007

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 N. Edon ST. 5-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Pavell

(a) RESIDENCE. NO. 225 N. Edon ST., 5 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Steven Pavell

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balty. Co. Md

PARENTS

10 NAME OF FATHER John Tolson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Steven Pavell

(Address) 225 N. Edon St.

15 Filed . 19 Registrar

DEC 27

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1925, to Dec. 24, 1925, that I last saw her alive on Dec. 24, 1925, and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clin. & path

(Signed) Robert F. Stein, M. D

12-24 1925 (Address) 120 Elmgrove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
asbury cemetery	Dec 28 1925
20 UNDERTAKER Edward Bryan	ADDRESS 1631 orleans st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05008

CERTIFICATE OF DEATH.

13-4-24-001

E 05008

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3334 Chestnut Ave ST., 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Shipley

(a) RESIDENCE NO. 3334 Chestnut Ave ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Shipley

6 DATE OF BIRTH (month, day, and year): May 17 1853

7 AGE: Years 72 Months 7 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Maryland

PARENTS

10 NAME OF FATHER: Robert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Katharine Shipley

(Address) 3547 Chestnut Ave.

15 Filed DEC 27 1925 Chief Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 19 to Dec 24, 19 25,

that I last saw her alive on Dec 24, 19 25,

and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): Cerebral congestion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) [illegible] M. D.

Dec 26 1925 (Address) 3429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ebenezer (Carroll Co)

DATE OF BURIAL: Dec. 29 1925

20 UNDERTAKER: Horace H. Burgee

ADDRESS 1631 Falls Rd.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05009

CERTIFICATE OF DEATH.

11-002

E 05009

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Club Road ST. Roland Park WARD 27th)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Knapp

(a) RESIDENCE NO. 10 Club Road ST. Roland Park WARD 27th
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Late Knapp

6 DATE OF BIRTH (month, day, and year) June 4th 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	81	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Thomas McMullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Island

12 MAIDEN NAME OF MOTHER Anne Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Island

14 Informant Alexander Payson Knapp (Address) 10 Club Road Roland Park

15 Filed ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov - 4, 1925, to Dec 26, 1925, that I last saw h.. alive on Dec 24, 1925, and that death occurred, on the date stated above, at 4-30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis.

(duration) yrs. 1 mos 22 ds.

CONTRIBUTORY (Secondary) Intestinal Influenza during her summer vacation mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Condition of Urine

(Signed) M. Gibson Porter, M. D.

12/27 1925 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Dec 28 1925

20 UNDERTAKER: Henry W. Jenkins & Son Co

ADDRESS: Edmondson Ave & McCollum St

DEC 27 1925 ROBERT R. KNABE, Chief Permit Clerk

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05010

CERTIFICATE OF DEATH.

90

E 05010

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 Hanover ST. 23-2 WARD)

2-FULL NAME Mary T. Heline.

(a) RESIDENCE NO. 1835 Hanover ST., WARD

(Usual place of abode). (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 11 mos. 12. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Divorced.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced.

6 DATE OF BIRTH (month, day, and year) Jan, 14, 1886.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39,	11,	12.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory Hand. 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mc. Cormick.

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John Welsh.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherine Fahey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant (Address) Annie B. Welsh, 1835 Hanover St.

15 Filed DEC 27 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Dec 26, 1925

that I last saw her alive on Dec 26, 1925

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Indefinite (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.

Dec 27, 1925 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL Dec 29, 1925

20 UNDERTAKER A. Howard Evans ADDRESS 38 E. Fort Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05011 — 161-001 — E 05011

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST. 25-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Webster.

(a) RESIDENCE NO. 116 Elm Ave. ST., Curtis Bay. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 10, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 15 min.
			16 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 020

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Curtis Bay Md.

PARENTS

10 NAME OF FATHER Milton Webster.

11 BIRTHPLACE OF FATHER (city or town) Curtis Bay (State or country) Md.

12 MAIDEN NAME OF MOTHER Capitola Pondelt

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mr Milton Webster (Address) Curtis Bay Md

15 Filed DEC 27 1925 — 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-1925

17

I HEREBY CERTIFY, That I attended deceased from 12-24-, 1925, to 12-26, 1925,

that I last saw her alive on 12-26, 1925,

and that death occurred, on the date stated above, at 12 12 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Somerville, M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL Dec 30, 1925

20 UNDERTAKER A. Howard Evans ADDRESS 356 Ford Ave.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05012

CERTIFICATE OF DEATH.

74-001

05-11

E 05012

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Balbina Merski.

(a) RESIDENCE No. 30 Hazel St. Curtis Bay. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a If married, widowed, or ~~DIVORCED~~ ~~HUSBAND~~ (or) WIFE of John Merski.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER John Wacknowicz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Vincent Salkoski.(grandson)
(Address) 30 Hazel St. Curtis Bay.

15 Filed ..... 192 ..... Registrar

DEC 27 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 24, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Dec. 26, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

30 Hazel St. Curtis Bay. Dec. 24, 1925.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Dec 28 1925

20 UNDERTAKER F. H. Ozga

ADDRESS

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05013

CERTIFICATE OF DEATH.

49 E 05013

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2593 N Baltimore St. 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Schlote

(a) RESIDENCE. No. 2593 N Baltimore ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of John Schlote

6 DATE OF BIRTH (month, day, and year) May 2nd 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Wilhelm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Voght

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. John Schlote
(Address) 2593 N Balto St

15 Filed ..... 19 .....
Registrar

DEC 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925, to Dec 25, 1925, that I last saw h.. alive on Dec 25, 1925, and that death occurred, on the date stated above, at 12 Noon.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

Acute Pericystitis Nephritis

(Secondary)

(duration) 1 yrs. 2 mos. 25 ds.

CONTRIBUTORY Pulmonary Edema

(Secondary) (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Norris C. Welch M. D.

12/26/, 1925 (Address) 2151 Bolton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Dec 28 1925
20 UNDERTAKER	ADDRESS
Peter Nicolaus	2060 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05014

CERTIFICATE OF DEATH.

1925 E 05014

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1653 Darley Ave St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Valentine Stahl

(a) RESIDENCE. No. 1653 Darley Ave St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ late Louise Stahl

6 DATE OF BIRTH (month, day, and year) Feb 19th 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) 86

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Wm Lentz

(Address) 1653 Darley Ave

15 Filed ....., 19 ..... Registrar

DEC 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-25 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-2, 1925, to 12/25, 1925, that I last saw him alive on 12/25, 1925, and that death occurred, on the date stated above, at 1149 m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Daniel Miller, M. D.

, 19 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ist German Cem	Dec 28 1925

20 UNDERTAKER	ADDRESS
Peter Nicolau	2060 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

8 1750 E 05015 E 05015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL CITY OF BALTIMORE: (No. ..... W. ..... St. ..... 7-1 ..... Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wm. Conley Jr.

(a) RESIDENCE No. Rochester N Y ..... St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE — Years: 31 — Months: — — Days: — — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stock Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer): — 066

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): N. Y.

PARENTS

10 NAME OF FATHER: Dr. John Wm Conley

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y.

12 MAIDEN NAME OF MOTHER: Hattie Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mass

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... ROBERT R. KRAUTH, Registrar

DEC 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 , 1925 , to Dec 27 , 1925 , that I last saw him alive on Dec 27 , 1925 , and that death occurred, on the date stated above, at 1:00 a. m.

The CAUSE OF DEATH* was as follows:

Melanotic Sarcoma with multiple metastases - esp to brain.

about (duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) — (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Rochester, N. Y.

Did an operation precede death? Yes Date of { 11/27/25 12/9/25 12/18/25

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & microscopic exam

(Signed) J. L. Riebel, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rochester New York

DATE OF BURIAL: 12/27/25

20 UNDERTAKER: Wm Cook

ADDRESS: 502 Madison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

E 05016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05016

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1123 Sterett St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Fredrick A. Messer

(Residence in Baltimore: No. 1123 Sterett St. St.; yrs. 60 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. Oct 25 1851
(Month) (Day) (Year)

7-AGE. 74 yrs. 2 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Fruit Picture Frame

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). do

12-MAIDEN NAME OF MOTHER. do

13-BIRTHPLACE OF MOTHER, (State or Country). do

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Messer

(Address) 1123 Sterett St.

15-

Filed ..... 192.....

ROBERT R. KRAUTER, (Registrar.)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 25 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:—

Alcoholism

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) J. C. Blades M. D.
(Coroner)

Dec 26 192 (Address) 143 N. Gay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill

DATE OF BURIAL. Dec 28 1925

20-UNDERTAKER. Mrs. Mrs. J. W. Teufel & Son

ADDRESS 801 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

E 05017

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 E 05017

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 111 N. Fuzzyne ave ST. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J. Barry

(a) RESIDENCE No. 111 N. Fuzzyne ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~: Mary A. Barry

6 DATE OF BIRTH (month, day, and year): June 24th 1865

7 AGE — Years: 60 | Months: 6 | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lieut. Balto. City

(b) General nature of industry, business, or establishment in which employed (or employer): Police 061

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Edward Barry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Bonner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary A. Barry

(Address): 111 N. Fuzzyne Ave

15 Filed DEC 21 1925, 19 ALBERT R. KRAUSE Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1925, to Dec 24, 1925,

that I last saw him alive on Dec 24, 1925,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Complicated by a Septic Embolism of Brain

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward Kelly, M. D.

, 19 (Address) 100 Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: 12/28th 1925

20 UNDERTAKER: J. J. Moran

ADDRESS: 3a E. Ballott

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05018

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St., 9-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... William Malone

(a) Residence No. 1327 N. Central Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year). 1873

7-AGE. 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Fireman 066

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Owen Malone

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Dishman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England

14- (Informant) Baltimore City Hospitals Records

(Address)

15- Filed ..., 19?

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 25, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 9 1925 to Dec. 25 1925

that I last saw him alive on Dec. 25 1925

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder

(Duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? yes

What test confirmed diagnosis? General Laboratory

(Signed) W. Lindsay Miller, M. D.

12/27, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Patricks Cemetery

DATE OF BURIAL, 12/28, 1925

20-UNDERTAKER. E. A. Moran

ADDRESS 3000 E. Balto St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05019

E 05019

CERTIFICATE OF DEATH.

× 128

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home + Infirmary ST., WARD)

2-FULL NAME Mrs. Laura Benjamin

(a) RESIDENCE NO. 1338 Beachwood Rd, Sparrows Point ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Brynmor Benjamin

6 DATE OF BIRTH (month, day, and year) Nov-11-1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kiud of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Oakland (State or country) Maryland.

PARENTS

10 NAME OF FATHER Hampton H. McCrobie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Iowa.

14 Informant Brynmor Benjamin

(Address) 1338 Beechwood Road Sparrows Pt.

15 Filed ....., 19 .....

Registrar

DEC 27 1925 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24-1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21- , 1925, to Dec. 24 , 1925, that I last saw h.e alive on Dec. 24, , 1925 and that death occurred, on the date stated above, at 9:00 P. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

ovsl

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + autopsy

(Signed) George B Brice M. D.

, 19 (Address) Church Home + Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Dec. 28 1925
20 UNDERTAKER	ADDRESS
Mayhew + Jones	Ave + 41 St. Bdy.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05020

CERTIFICATE OF DEATH.

+129

E 05020

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia DeReeves

(a) RESIDENCE NO. Easton Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A. Eugene DeReeves

6 DATE OF BIRTH (month, day, and year) Nov 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59		1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Easton Md.

PARENTS

10 NAME OF FATHER Isaac L. Adkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Milford Del.

12 MAIDEN NAME OF MOTHER Mary Elizabeth Hughlett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Md.

14 Informant Wm. H. Adkins (Address) Easton Md.

15 Filed DEC 28 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1925, to Dec. 27, 1925, that I last saw her alive on Dec. 27, 1925, and that death occurred, on the date stated above, at 2:10 P.m.

The CAUSE OF DEATH* was as follows:

Encephalitis ~~epidemic~~

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Easton Md

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) F. I. Wurtzburger ~~Asst Path to Hosp~~, M. D.

12, 27, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Easton Md.	Dec. 28 1925
20 UNDERTAKER Henry Watkins & Sons. Co.	ADDRESS Orchard & Gay-Collok St

Spec.—1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05021 90 E 05021

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2647 Hampden ST., 12-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa J. Andrews

(a) RESIDENCE NO. 2647 Hampden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John Andrews

6 DATE OF BIRTH (month, day, and year) 7-22-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash. D.C.

12 MAIDEN NAME OF MOTHER ? Minton 12.26 1921

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant Mabel Armond

(Address) 2647 Hampden

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1925 to Dec 26 1925; that I last saw h[illegible] alive on Dec 25 1925 and that death occurred, on the date stated above, at 6.45 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

Diabetes Mellitus (?)

Arteriosclerosis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Valvular [illegible] Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3 Rd Dr Mercy

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Reg. Normant, M. D.

(Address) 3543 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 12/28 1925

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05022

CERTIFICATE OF DEATH.

31 ✓

E 05022

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 7-2 WARD)

2-FULL NAME Mamie Hoffman

(a) RESIDENCE NO. 1916 E. Eager st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George A. Hoffman

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William E. Boring

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Sindel

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1925, to Dec. 26, 1925, that I last saw her alive on Dec. 26, 1925, and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Wm McCann M. D.

12-26-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 12/30 1925

20 UNDERTAKER William Cook

ADDRESS 508 E North Ave

DEC 28 1925

ROBERT N. WILSON
Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Blks.

E 05023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05023

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 432-W-23 ST. 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Edward Sapp

(a) RESIDENCE NO. 432-W-23 ST., 12 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Sapp

6 DATE OF BIRTH (month, day, and year): Jan 11, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Consolidated Eng. Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles Sapp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ellice Parsons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. William Sapp

(Address) 432-W-23rd St.

15 Filed DEC 28 1925 Registrar

ROBERT R. KRAUS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925, to Dec 26, 1925,

that I last saw h[illegible] alive on Dec 26, 1925,

and that death occurred, on the date stated above, at 4. [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Cardiac insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Horace Elmer, M. D.

Dec 26, 1925 (Address) 2459 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cemetery

DATE OF BURIAL: 12/29 1925

20 UNDERTAKER: William Cook

ADDRESS: 502 E North

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05024

CERTIFICATE OF DEATH.

E 05024

1-PLACE OF DEATH Baltimore and Payson Sts

CITY OF BALTIMORE: (No. German Aged Home ST. 30-5 WARD) REGISTERED NO. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Schmidt

(a) RESIDENCE. NO. German Aged Home ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Wht.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Schmidt

6 DATE OF BIRTH (month, day, and year) Feb 10, 1837

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Graef

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant German Aged Home Records.
(Address) Balto and Payson Sts

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5 . 1925 , to Dec 26th . 1925 , that I last saw him alive on Dec 24th . 1925 , and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) John L Wolff , M. D.

. 19 (Address) 1843 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Nathans Cem	Dec 28 19 25
20 UNDERTAKER Joseph L. Cook	ADDRESS 1003 Walbrook

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05025

E 05025

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 N. Bethel ST., 8-3 WARD)

2-FULL NAME Emma MacIntyre

(a) RESIDENCE No. 1422 N Bethel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James MacIntyre

6 DATE OF BIRTH (month, day, and year): Feb 21/1866

7 AGE: Years 59 Months 10 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Charles A. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Emma Tiers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs. William O'Brien

(Address) 1422 N. Bethel st

15 Filed ..... 19 ..... Registrar

DEC 28 1925 Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-24 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/1, 1925, to 12/24, 1925, that I last saw her alive on 12/24, 1925 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 2 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Myocardial Insuff

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller, M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery. DATE OF BURIAL: Dec 28 1925

20 UNDERTAKER: George J. Pratt ADDRESS: 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks. MILTON JAROWSKI

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05026

CERTIFICATE OF DEATH.

E 05026

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2-1 41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton Janowioki

(a) RESIDENCE NO. 1927 E Lombard St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 4 1917

7 AGE Years 8 Months 2 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Kanowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Sofia Chrimstinska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant John Kanowski

(Address) Same as above

15 Filed DEC 28 1925, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-25-1925

17 I HEREBY CERTIFY, That I attended deceased from 12-21-1925, to 12-25-1925, that I last saw him alive on 12-20-1925, and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Infected Rt foot

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Septicemia (Staphylococcus)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home Drainage from foot for infection

Did an operation precede death? yes Date of 12-22-25

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Lab.

(Signed) [illegible], M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem DATE OF BURIAL Dec 28 1925

20 UNDERTAKER John McAdeber ADDRESS 1803 Banker

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 05027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05027

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Robt C. McCoy ST., 5-1 WARD) Cor. on way to morgue

2-FULL NAME Robt C McCoy

(a) RESIDENCE NO. 212 Colvin St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Junker
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Dr Reley
(Address)

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1923

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry,) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Reley, M. D.
(Coroner.)
Dec 27, 1923 (Address) Morgue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loud

DATE OF BURIAL Dec 28 1923

20 UNDERTAKER John W Henderson

ADDRESS 1502 Monument

DEC 28 1923 ROBERT R. KRAUSE Registrar

▲ very important. See instructions on back of certificate.

n should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

...ER, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of infor-

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05028 — 74-001 — E 05028

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1713 Linden Ave ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Hudson Lyell

(a) RESIDENCE NO. 1713 Linden Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ada M. Booker Lyell

6 DATE OF BIRTH (month, day, and year) July 7848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Village, Northumberland Co. Virginia

PARENTS

10 NAME OF FATHER Thomas S. Lyell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lyells, Richmond Co. Va

12 MAIDEN NAME OF MOTHER Mary Elizabeth Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Westmoreland Co. Va

14 Informant John Milton Lyell (Address) 1713 Linden Ave Nephew

15 Filed DEC 28 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925, to 26th, 1925, that I last saw him alive on Dec 26, 1925, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

7 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. M. Hundley, M. D.

, 19 (Address) 840 Park Ave. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Farnham Va — DATE OF BURIAL Dec 29 1925

20 UNDERTAKER W M Routson — ADDRESS 2238 N North

Spec.—1-10-21—M&T—1500 Bks.

E 05029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 49

E 05029

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No.) ST., 7-1 WARD)

2-FULL NAME Louis Halsweig

(a) RESIDENCE NO. Norfolk Va ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., If of foreign birth? 10 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Halsweig

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Halsweig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Esther Halsweig

(Address) Norfolk Va

15 Filed DEC 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-16, 1925, to Dec 27, 1925,

that I last saw him alive on Dec 27, 1925,

and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma

Metastasis to spine

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Xray

(Signed) J. Arthur Lundt, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va

DATE OF BURIAL 12/28 1925

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

E 05030

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05030

CERTIFICATE OF DEATH.

15-4 181-00

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1513 Gough ST. 15-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Glassman

(a) RESIDENCE NO. 1400 Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Glassman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Rag Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Michael Glassman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Glassman (Address) 1705 Jefferson St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxiation by Illuminating Gas

over (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fenton, M. D. (Coroner.)

Dec 27 1925 (Address) 100 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mortons Circle Cem. DATE OF BURIAL 12 28 1925

20 UNDERTAKER Jack Levin ADDRESS 1439 E Baltimore

Burial Permit

DEC 28 1925

Duplicate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT RECORD.

Spec.—1-10-21—M&T—1500 Bks.

Chandler.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05031

CERTIFICATE OF DEATH.

129

E 05031

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1109 N Carey (St.) 16-6 (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Chandler

(a) RESIDENCE No. 1109 N Carey. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced. (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Chandler

6 DATE OF BIRTH (month, day, and year): Dec 6 1856

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69.	X	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: David Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Matilda Rodgers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mr Minnie Hill
(Address): 1109 N Carey St.

15 Filed DEC 28 1925 19.... HOWARD R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1925, to Dec 27, 1925.

that I last saw h[illegible] alive on Dec 26, 1925

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis Chronic

(duration) 1 yrs. ..... mos 1 ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Enlargement (duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm H Wright M. D.

Dec 27, 1925 (Address) 1709 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 12/30/25

20 UNDERTAKER: Samuel Wright — ADDRESS: 2364 N Carey

Spec.—1-10-21—M&T—1500 Bks.

E 05032

HEALTH DEPARTMENT—CITY OF BALTIMORE

58-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 05032

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 S. Lakewood ave ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry G. Yingling

(a) RESIDENCE No. 526 S. Lakewood ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary P. Yingling

6 DATE OF BIRTH (month, day, and year) Jan 4-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Old Bay Line

9 BIRTHPLACE (city or town) (State or country) Cumberland Md

PARENTS

10 NAME OF FATHER John Yingling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cumberland Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mary P. Yingling

(Address) 526 S. Lakewood ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 , 1925 , to Dec 25 , 1925 ,

that I last saw him alive on Dec 24 , 1925 ,

and that death occurred, on the date stated above, at 4 40 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia acute

To my knowledge

(duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood exam

(Signed) E. D. Summers, M. D.

12-29 1925 (Address) 3015 Elwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem.

DATE OF BURIAL Dec 28 1925

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Dever Floyd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05033 — 179 — E 05033

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Md. Gen. Hosp. St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Dever Floyd

(Residence in Baltimore: No. 622 Gilbert St. St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
male	colored	single

6-DATE OF BIRTH. July (Month) 5 (Day) 1923 (Year)

7-AGE. 2 yrs. 7 mos. 16 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer). none

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Ed. Floyd,

11-BIRTHPLACE OF FATHER, (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Martha Mays

13-BIRTHPLACE OF MOTHER, (State or Country), N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed. Floyd

(Address) 622 Gilbert St

15-

Filed..... 192.....

ALBERT R. KRAUTER, BURIAL PERMIT CLERK. Registrar.

DEC 26 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. (Month) 24 (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd degree burns (accidental)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Clothing caught fire from open fire

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Pelmes M. D.
(Coroner.)

Dec 25 192 5 (Address) 582 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Zion Cemetery	Dec. 28 1925

20-UNDERTAKER,	ADDRESS
Mrs. Kate C. Williams	Schroeder St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Lemar Floyd.

E 05034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05034

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Colonial Hospital St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Lamar Floyd

(Residence in Baltimore: No. 622 Gilmor St. St.; yrs., 24 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH. January 18 1901
(Month) (Day) (Year)

7-AGE. 4 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... odd

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Edward Floyd

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Nebra Nutt

13-BIRTHPLACE OF MOTHER, (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed. Floyd.

(Address) 622 Gilmor St.

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd degree burns of body.

Clothing caught fire from oil stove (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (accidental)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Hamilton M. D.
(Coroner.)

Dec 25 192 (Address) 7 S. Calvert

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Zion Cemetery	Dec. 28, 1925
20-UNDERTAKER.	ADDRESS
Mrs. Kate R. Williams	Schroeder St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Burial Permit Issued

Spec. 4-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05035

CERTIFICATE OF DEATH.

1874 104

E 05035

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 5-2 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST. ... WARD)

2-FULL NAME Edward Laws

(a) RESIDENCE NO. 433 Somerset ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year) 7-14-1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffer 023

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: George Laws

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Serena Jolly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19... ROBERT R. KRAMES Registrar

DEC 29 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19th, 1925, to Dec. 25th, 1925, that I last saw him alive on Dec 25th, 1925, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Gangrene

(duration) ... yrs. ... mos. 11 ds.

CONTRIBUTORY (Secondary): Streptococcus Septicaemia

(duration) ... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Chesley S. Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem'y — DATE OF BURIAL: Dec. 29 1925

20 UNDERTAKER: Jno J. E. Locke — ADDRESS: 1302 Jeffer...

Cor.—1-12-23—M&T—100 Bks.

E 05036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05036

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Nicholson & Hull St. S. 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick A.Berg

(a) RESIDENCE NO. 2724 Maryland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a If married, widowed or divorced HUSBAND of Hattie J.Berg

6 DATE OF BIRTH (month, day, and year) May 19, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	40	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Trucker 074

(b) General nature of industry, business, or establishment in which employed (or employer) B.& O.R.R.Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio.

PARENTS

10 NAME OF FATHER John Berg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hattie J.Berg.(wife)

(Address) 2724 Maryland Ave.

15 Filed ....., 192 ..... Registrar

DEC 29 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 26, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

Dec 28, 1925 (Address) 101 E. Chesles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Marietta Ohio DATE OF BURIAL 12/28 192 5

20 UNDERTAKER Philip Herwig ADDRESS 206 Aisquith

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05037 45 E 05037

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Baltimore St. 1012 WARD)

2-FULL NAME William Bost

(a) RESIDENCE NO. 804 Somerset ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 7 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothea Bost

6 DATE OF BIRTH (month, day, and year) Oct 30, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker 003

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Ruiz Bakery.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Bost

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorthea Lemkall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Dorthea Bost

(Address) 804 Somerset St

15 Filed DEC 28 1925 ROBERT R. KRAUTER, Registrar

Medical Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-24 .1925. to 12-26 .1925.

that I last saw h. alive on 12-26 .1925.

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

Carcinoma of large Intestines

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) J. Wyeant, M. D.

.19 (Address) No. B. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 12/30 1925

20 UNDERTAKER Jos Cook

ADDRESS 502 E Wall

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 05033 — E 05033

CERTIFICATE OF DEATH

O.R. — REGISTERED No. 99

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 329 E. 31st St ... W. ... 12 ... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Oliver Neal

(Residence in Baltimore: No. 329 E. 31st St ... St. 57 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (If so write the word)
Male	White	Married

6 DATE OF BIRTH: June (Month) 9 (Day), 1868 (Year)

7 AGE: 75 11 17 — 74 yrs. ... mos. ... ds. — If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Wm H Moore and Co

9 BIRTHPLACE (State or country): St Marys Co Md

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (State or country): St Marys Co Md

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Oliver H Neal

(Address) 329 E. 31st St

15 Filed DEC 28 1925 ROBERT R. KRAUTER, Vital Records Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 26 (Day), 1925 (Year)

17 I HEREBY CERTIFY, That I attended deceased from about 6 yrs. 191 . to. Dec. 26 1925. that I saw h— alive on 1 mo. ago .191 . and that death occurred, on the date stated above, at 1.30 a.m. The CAUSE OF DEATH* was as follows:

Chronic valvular disease of heart " was dead when I last saw him 1.30 a.m. Dec. 26-1925

(Duration) 6 yrs. ... mos. ... ds

Contributory (SECONDARY): aortic insufficiency

(Duration) 6 yrs. ... mos. ... ds.

(Signed) H. G. Ornstead M. D.

Dec 26, 1925. (Address) 634 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem — DATE OF BURIAL: Dec 28, 1925

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1111 Fayette St

Spec.—1-10-21—M&T—1500 Bks.

E 05039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05039

CERTIFICATE OF DEATH.

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 W Saratoga ST. 70-5 WARD)

2-FULL NAME Julius Wise Ward.

(a) RESIDENCE NO. 1822 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret L. Ward

6 DATE OF BIRTH (month, day, and year) Sept 28 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman. 066

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Belle Haven Va

PARENTS

10 NAME OF FATHER W Jackson Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margaret Nottingham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Margaret L. Ward

(Address) 1822 W Saratoga St

15 Filed , 19 ROBERT R. KRAUER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 8, 1925, to Dec 26, 1925, that I last saw him alive on Dec 26, 1925, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema,

(duration) yrs. mos. Sudden ds

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 3 or 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum exam.

(Signed) M Baumgardner, M. D.

(Address) 626 N. Johns St. Dec 28 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Belle Haven Va — DATE OF BURIAL Dec 29 1925

20 UNDERTAKER — ADDRESS

John O. Mitchell Norfolk Va

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PRINT WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05040 E 05040

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 935 E. Madison St (St.) 10-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Wesley

(a) RESIDENCE NO. 935 E. Madison St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) Dec 26/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1 hour			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Will Wesley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Evansville Ind.

12 MAIDEN NAME OF MOTHER Willie May Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Evansville Ind

14 Informant Will Wesley

(Address) 935 E. Madison St

15 Filed DEC 28 1925 ROBERT R. KRAUER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity (about 5 mons. gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Haines, M. D.

(Coroner.)

12/27/25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemty DATE OF BURIAL 12-28 1925

20 UNDERTAKER Byron Wright ADDRESS 1218 Mc Elderry

Manner should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05041

CERTIFICATE OF DEATH.

161-002

REGISTERED NO. E 05041

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen. Hosp. ST. 27-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Sid Vogel

(a) RESIDENCE No. 613 W Hamilton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 27, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER John F. Vogel

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Mildred Bollinger

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant John Vogel
(Address) 613 W. Hamilton St.

15 Filed DEC 28 1925, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1925, to Dec 27, 1925,

that I last saw her alive on Dec 27, 1925,

and that death occurred, on the date stated above, at 6.05 a. m.

The CAUSE OF DEATH* was as follows:

Prolonged labor
Transverse presentation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Hibert, M. D.

12/27 1925 (Address) Mapleton & Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 28th 1925
20 UNDERTAKER	ADDRESS
George Schilling & Sons	136 E Monument

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-002

E 05042

CERTIFICATE OF DEATH.

E 05042

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2626 Keyser ST. 8-3 WARD)

2-FULL NAME Mary G Smith

(a) RESIDENCE NO. 2626 Keyser ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 30 1925

7 AGE Years ..... Months ..... Days 27 28

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Harvey Dillon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Agnes Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs M I Smith

(Address) 2626 Keyser St

15 Filed ..... 19 .....

DEC 28 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-16, 1925, to 12/27, 1925, that I last saw her alive on 12/26, 1925, and that death occurred, on the date stated above, at 7 AM m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis

(duration) yrs. 0 mos 12 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) David Miller M. D.

, 19 (Address) 1500 Bdway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec 28 1925

20 UNDERTAKER Robt J Turner

ADDRESS 1942 N Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05043

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

100 E 05043

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Josephs Hospital.

CITY OF BALTIMORE: (No. ..... ST. 15-7 WARD)

2-FULL NAME Mrs Myra. Lewis.

(a) RESIDENCE NO. 2003 Dennison. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. Lewis

6 DATE OF BIRTH (month, day, and year): 6/18/1835

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): ....

(c) Name of employer: ....

9 BIRTHPLACE (city or town) (State or country): St Marys Co. Maryland

PARENTS

10 NAME OF FATHER: James Fenwick

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co.

12 MAIDEN NAME OF MOTHER: Jane Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys

14 Informant: Mrs. Davis

(Address): 2003 - Dennison

15 Filed DEC 28 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1925 to Dec. 23 1925.

that I last saw her alive on Dec. 23. 1925.

and that death occurred, on the date stated above, at 8 55 a m.

The CAUSE OF DEATH* was as follows:

Chronic Arthritis.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary): Bronchial Pneumonia.

(duration) ... yrs. ... mos. 8 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of —

Was there an autopsy? none.

What test confirmed diagnosis? Clinical.

(Signed) J. Joseph Tawney, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 12/28 1925

20 UNDERTAKER: George J Ruth — ADDRESS: 1735 Harford Ave

E. Mary. 1517 Edmondson ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05044

CERTIFICATE OF DEATH.

99-002

REGISTERED NO. E 05044

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 150 E Madison St.) (WARD) 7-1

2-FULL NAME Mary A Bachman.

(a) RESIDENCE NO. 562 Madison ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: late Ernest Bachman

6 DATE OF BIRTH (month, day, and year): July 20 1849

7 AGE: Years 76 Months 5 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Bachman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Mary A. Bachman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Augusta R. Bachman

(Address) 150 E. Madison ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1925 to Dec 24 1925

that I last saw h[illegible] alive on Dec 24 1925

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

General infirmities;

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin Murray, M. D.

Dec 25 1925 (Address) 1517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery.

DATE OF BURIAL: 12/28 1925

20 UNDERTAKER: Geo. F. Rust.

ADDRESS: 1735 Harford Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

05045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 05045

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1620 W Mulberry ST. 14-1 WARD)

2-FULL NAME Irene Holmes

(a) RESIDENCE No. 1620 W Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colord	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) X 070

(c) Name of employer X

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Jarome Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER Charlen Lavender

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant Charley J. Holmes

(Address) 1620 W Mulberry St

15 Filed DEC 28 19 ROBERT R. KRAUTH, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 6 - 1925 to December 25 1925.

that I last saw her alive on December 25 1925.

and that death occurred, on the date stated above, at 5.15 P.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Asthma Dropsy + Nephritis (duration) yrs. 2 mos. 16 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Dr. J. W. Kennard M. D.

12-26 1925 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem

DATE OF BURIAL Dec 28 1925

20 UNDERTAKER John F. Owens

ADDRESS 5-38 Dolph St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 05046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 631 N. Conway St., 22-1 Ward)

Registered No. C 129 05046

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hotchwytm Coomsh

(Residence in Baltimore: No. 631 N Conway St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: [illegible] (Month) 1871 (Day) 1 (Year)

7-AGE: 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy Johnson

(Address) 631 Conway St

15-

Filed DEC 28 1925 19[illegible]

[illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 23 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to Hom death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Int. Nephritis

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) [illegible] yrs. [illegible] mos. 1 ds.

(Signed) C. E. Slades M. D. (Coroner)

Dec 27/25 (Address) 1438 N Gay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn DATE OF BURIAL: Dec. 28 19 25

20-UNDERTAKER: John H Toadvine ADDRESS 1127 Druid Hill

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Sylvester J Beckett)

Spec.—6-9-19—H. P. Co.—1000 Bks.

65047

HEALTH DEPARTMENT—CITY OF BALTIMORE

65047

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Cumberland St. ST. 15-13 WARD)

2-FULL NAME Sylvester J. Beckett

(a) RESIDENCE. NO. 708 Cumberland St ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-15-27

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	17	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Howard Beckett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Promoka Md

12 MAIDEN NAME OF MOTHER Emma Simpkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Howard Beckett
(Address) 708 Cumberland St

15 Filed DEC 26 1925 19 ROBERT R. KOHLER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-25- 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1925, to Dec 25 - 1925, that I last saw h... alive on Dec 25 - 1925, and that death occurred, on the date stated above, at 12:50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Marcellus E. Toney, M. D.

, 19 (Address) 1715 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Dec 28 19 25
20 UNDERTAKER	ADDRESS
R. E. Gross	1405 McElderry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Myrtle Stumpf

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 ✓

E 05048

CERTIFICATE OF DEATH.

E 05048

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST. 13-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myrtle Stumpf.

(a) RESIDENCE NO. 2079 Woodbury ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work employe in

(b) General nature of industry, business, or establishment in which employed (or employer) Bag factory

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Elisha Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Cross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital records (Address)

15 Filed DEC 28 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1925, to Dec. 27, 1925, that I last saw h. alive on Dec. 27, 1925, and that death occurred, on the date stated above, at 1.20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebrospinal syphilis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) M. Compton, M. D.

12-28-25 (Address) Baltimre city Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn, Cutler	Dec 29 1925
20 UNDERTAKER	ADDRESS
A. L. Marshall	3539 Fall Road

Cor.—1-12-25—M&T—100 Bks.

E 05049

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-001 E 05049

CERTIFICATE OF DEATH.

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 So. Gilmor ST., 14-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland B. Brophy

(a) RESIDENCE NO. 304 So. Gilmor ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3rd 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	7	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Ader & Co 029

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James B. Brophy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Rose Connolly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Rose Brophy
(Address) 304 So. Gilmor St

15 Filed DEC 28 1925 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxiation by Illuminating Gas

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

Duration ..... yrs. ..... mos. ..... ds.

(Signed) Geo. B. Horton, M. D.
(Coroner.)
Dec 27 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery — DATE OF BURIAL Dec 29 1925

20 UNDERTAKER F. A. Krause & Son — ADDRESS 713 Hanover

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05050 — 192 — E 05050

1-PLACE OF DEATH — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Pronounced dead at 1634 Jefferson St ST., 7-1 WARD)

2-FULL NAME Julia Butler

(a) RESIDENCE NO. 1634 Jefferson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Butler

6 DATE OF BIRTH (month, day, and year) Jan 7-1884

7 AGE	Years	Months	Days 21	If LESS than 1 day, ... hrs. or ..... min.
	41	11	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook 021
(b) General nature of industry, business, or establishment in which employed (or employer) Hopkins Hospital
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pocomoke City Md

PARENTS

10 NAME OF FATHER STewart Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pocomoke City Md

12 MAIDEN NAME OF MOTHER Clara Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pocomoke City Md

14 Informant Clara Long
(Address) 1634 Jefferson St

15 Filed DEC 28 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thoracic & abdominal hemorrhage
Pistol shot wounds. Homicide.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J S H Cotter, M. D.
(Coroner.)
12-28, 192 5 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashury Cemetery	12/28/25
20 UNDERTAKER Mrs. R.G. Elbert	ADDRESS Fairfield

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

Hilbert

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-001

E 05051

CERTIFICATE OF DEATH.

E 05051

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 734 E. 21st St. (ST.) 9-4 (WARD)

2-FULL NAME Ruth M Hilbert

(a) RESIDENCE NO. 734 E 21st (ST.) (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 26-1925

7 AGE — Years — Months — Days: 10 hours — If LESS than 1 day 10 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Walter E. Hilbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Ruth McDonald

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Walter E. Hilbert (Address) 734 E 21st St

15 Filed DEC 28 1925 ROBERT R. KRAMER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1925, to Dec 27th, 1925, that I last saw h[illegible] alive on Dec 26th, 1925, and that death occurred, on the date stated above, at 2.4 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth (7 months)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Prematurity

(Signed) E Selby, M. D.

Dec 27, 1925 (Address) 1W E Hoffman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem — DATE OF BURIAL: Dec 28, 1925

20 UNDERTAKER: Chenoweth & Son — ADDRESS: 2611 Chestnut Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks. William Stephen Schaffer

E 05052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05052

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Mounier Court St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Stephen Szymanski Schaffer (20)

(Residence in Baltimore: No. 2000 Mounier Court St.; 37 yrs. 4 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August (Month) 18 (Day), 1893 (Year)

7-AGE, 37 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker.
(b) General nature of industry, business, or establishment in which employed (or employer): Bakery

9-BIRTHPLACE, (State or Country), U-S. Pittsburgh Pa

PARENTS.

10-NAME OF FATHER, Martin Schaffer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dora [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Schaffer

(Address) 2000 Mounier Court

15- Filed ....., 191.... ROBERT R. RESLER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1925 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 11 1925, to Dec 25 1925, that I saw h[illegible] alive on Dec 24 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Alcoholic Paranoia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Louis Vogel M. D.

12/26, 1925 (Address) 2607 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus cem — DATE OF BURIAL, Dec 29, 1925

20-UNDERTAKER John M Weber — ADDRESS 1803 Bank St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05053

101-01

05053

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.. 19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Naumann

(a) RESIDENCE No. 13 S. Bond st ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married Mary C. Hollow

6 DATE OF BIRTH (month, day, and year) May 9, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	45	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster 023

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Naumann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Wroten

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Mary Naumann

(Address) 13 S Bond St

15 Filed DEC 28 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1925, to Dec 25, 1925

that I last saw him alive on Dec 25, 1925,

and that death occurred, on the date stated above, at 8.05 P m.

THE CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Dec 26 1925 (Address) St. Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem.

DATE OF BURIAL Dec 29 1925

20 UNDERTAKER John Merrick

ADDRESS 2008 Orleans

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

E 05054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05054

REGISTERED NO. C 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 N. Gilmor ST. 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Stanton Burns

(Residence in Baltimore: No. 923 N. Gilmor St. St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Nov (Month) 19 (Day), 1884 (Year)

7-AGE,	If LESS than 1 day,
41 yrs. 1 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman 066
(b) General nature of industry, business, or establishment in which employed (or employer): Candy Business

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Edw. J. Burns

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Sarah Carey

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. J. Burns

(Address) Balto. Md.

15-

Filed ..... 191.....

ROBERT R. KNAUTER, Registrar.

DEC 28 1925 Buffalo Perkins Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 27th (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1925, to Dec 27 1925, that I saw him alive on Dec 27th 1925, and that death occurred, on the date stated above, at 12.30 P.m.

The CAUSE OF DEATH* was as follows:

Malignic Tonsilitis

(Duration) ..... yrs. ..... mos. 23/24 ds.

CONTRIBUTORY (Secondary) Chr. Parenchymatous Nephritis

Chr. Endo. Myocarditis (Duration) 8 yrs. ..... mos. ..... ds.

(Signed) William A. Graham M. D.

Dec 27th, 1925. (Address) 16 E. Preston Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	12/29, 1925
20-UNDERTAKER John F. Fahey & Sons	ADDRESS 518 Light St.

Spec.—1-10-21—M&T—1500 Bks.

Ruth Curtis

05055

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 05055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 155 East ST. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Curtis

(a) RESIDENCE NO. 155 East ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
f	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Curtis

6 DATE OF BIRTH (month, day, and year) Dec 25, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Port Deposit Md

PARENTS

10 NAME OF FATHER Joshua Foreman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Harriet Smyth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant William Russell Wilmore

(Address) 1119 N. Port St

15 Filed DEC 28 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1925, to Dec 25, 1925, that I last saw h[illegible] alive on Dec 25, 1925, and that death occurred, on the date stated above, at 4:10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 9 mos 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) Geo. S. Olleth, M. D.

12-28 1925 (Address) 508 Lonsdale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL Dec 29 1925

20 UNDERTAKER Mrs Edward L. Bailey — ADDRESS 1431 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.K.S.—400 Bks.

E 05056 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05056

CERTIFICATE OF DEATH.

15-13 38

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Williams

(a) Residence No. 15 O'H Mount St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1898

7-AGE. 27 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer, Gen'l

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, John Snowden

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Baltimore City Hospitals

(Address) Records

15- Filed 192 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 23, 1925

17. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1925 to Dec. 23, 1925

that I last saw h alive on Dec. 23, 1925

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Syphilitic aortitis

Aortic insufficiency

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (History)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

12/24, 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, 19

20-UNDERTAKER. ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner of Health DEC 28 1925

DEC 28 1925

Pat. Nos. R. 10981

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05057 E 05057

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Asylum Registered No. 38

City of BALTIMORE: (No Baltimore City Hospitals St. 06-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Hamilton Young.

(a) Residence No. Bay View Asylum St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-if married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1875

7-AGE. 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Philadelphia Penn.

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (city or town) ? (State or Country), ?

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town) ? (State or Country), ?

14- (Informant) Hospital Records

(Address) Baltimore City Hospitals

15- Filed DEC 28 1925 192 Robert F. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-22-25

17- I HEREBY CERTIFY, That I attended deceased from 12-5- 1925 to 12-22 1925

that I last saw h alive on 12-22- 19 25

and that death occurred, on the date stated above, at 4 45 P m.

The CAUSE OF DEATH* was as follows:

Third degree Frost Bite
Gangrene both feet 20 days-
Tertiary Lues

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab Tests

(Signed) Jas. O Cleaver M. D.
Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, DATE OF BURIAL. ....., 19....

20-UNDERTAKER, ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health DEC 28 1925

Burial Permit Issued

985

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E.05058

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 05058

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals,

CITY OF BALTIMORE: (No. Baltimore, Md, ST. 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Harrod

(a) RESIDENCE No. 308 Preston St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 041

(b) General nature of industry, business, or establishment in which employed (or employer) Laundress

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Harrod,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jennie Glascoe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals, (Address) Baltimore, Md.

15 Filed 1-28-1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22- 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1925 to Dec. 22, 1925, that I last saw her alive on Dec. 22, 1925 and that death occurred, on the date stated above, at 6.20 P.m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Septicemia, Streptococci

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry S. Grant M. D.

, 19 (Address) Baltimore City, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

TION is very important See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05059

E 05059

CERTIFICATE OF DEATH.

90

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 N. Baltimore St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Norris

(Residence in Baltimore: No. 2011 N. Baltimore St., St.; 60 yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 5 (Month) (Day), 1865 (Year)

7-AGE, 60 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home 037
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Andrew Hueter

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Elizabeth Towson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Kemke (daughter of deceased)

(Address) 2011 N. Balt. St.

15-

Filed....., 191.....

Registrar.

DEC 28 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 26 (Month) (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1925, to Dec 26 1925, that I saw her alive on Dec 23 1925, and that death occurred, on the date stated above, at about 9 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Regurgitation

(Duration) Do Not Know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 6 yrs. mos. ds.

(Signed) Edward J. Smith M. D.

Dec 26, 1925 (Address) 16 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death Do not Know yrs. mos. ds. In the State 60 yrs. 1 mos. 1 ds.

Where was disease contracted, if not at place of death? at place of Death

Former or usual residence 2011 N. Baltimore, Md.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Dec 28, 1925

20-UNDERTAKER John J. Fields

ADDRESS 1200 N. Lombard st

important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05060

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05060

CERTIFICATE OF DEATH.

19-2 129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1820 Mc Henry St St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betsey M. Mayer

(a) Residence No. 1820 Mc Henry St St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H Mayer

6-DATE OF BIRTH (month, day and year) Sept 29 1872

7-AGE, 53 yrs. 2 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER Absen Torkel

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Norway

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Norway

14- (Informant) C. Charles H. Mayer

(Address) 1820 Mc Henry St

15- Filed ....., 19.....

Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-27-25

17- I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925, to Dec 27, 1925, that I last saw h.. alive on Dec 27, 1925, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows: Interstitial Nephritis

(Duration) 5 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Howard Brand, M. D.

, 19 (Address) 1 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Gardner Md. DATE OF BURIAL, Dec 31, 1925

20-UNDERTAKER, Harry K Nitzke ADDRESS 1311 Lombard St.

C 28 1925

If plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05061 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05061

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 10-W WARD)

2-FULL NAME Sarah Manning

(a) RESIDENCE NO. Preston & Caroline ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Manning

6 DATE OF BIRTH (month, day, and year): Oct, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): St Mary's Co Maryland

PARENTS

10 NAME OF FATHER: Charles Deaney

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Ann Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Sr. Florence
(Address): Preston & Caroline

15 Filed ..... Robert P. Harrison
Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28 1925

17

I HEREBY CERTIFY, That I attended deceased from No record ....., 19....., to ....., 19.....,

that I last saw h Er alive on Dec 27, 1925,

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of heart

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Dec 28, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Dec 29 1925

20 UNDERTAKER: H. C. Wedefeld ADDRESS: 914 Gruman Pl

C 28 1925

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

E 05062

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 05062

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Greenmount & Lombard Sts. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mike Tonis

(a) RESIDENCE NO. 218 S Eutaw St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
53	X	X	Y	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore, Ohio

9 BIRTHPLACE (city or town) (State or country) Lithuanian

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuanian

14 Informant Charles B Richards Jr.

(Address) 637 S Paca St.

15 Dec. 29, 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-25-1925

17

I HEREBY CERTIFY, That I attended deceased from 12-18, 1925 to 12-25, 1925

that I last saw h. alive on 12-25, 1925

and that death occurred, on the date stated above, at 6:50 p m.

The CAUSE OF DEATH* was as follows:

Bilateral Bronchial Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? clinical laboratory

(Signed) Amy Byrd M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent's Cemetery DATE OF BURIAL Dec 29 1925

20 UNDERTAKER Charles B Richards Jr ADDRESS 637 S Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 28 1925

Burial Permit Clerk

Spec.—5-19-15—M. & T.—500 Bks.

E 05063

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 05063

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1350 Calhoun St.; 15-13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn L Jennings

(Residence in Baltimore: No. 1350 Calhoun St St.: yrs,, mos. ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov 9 —, 1924 (Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Neal Jennings

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER. Sarah Jennings

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Neal Jennings

(Address) 1350 Calhoun St

15-

Filed [illegible], 192[illegible]

Robert P. Harrison, Registrar.

26 1925

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28th, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1925, to Dec 28 1925, that I saw h[illegible] alive on 12/27 - 1925, and that death occurred, on the date stated above, at 5.35 A.m.

The CAUSE OF DEATH* was as followa:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

two weeks (Duration) yrs. mos. ds.

(Signed) Wm R. Boyle M. D.

12.28.25, 1925 (Address) 1601 E Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Calvin Cem

DATE OF BURIAL, 12/29/1925

20-UNDERTAKER Daniel Earhart

ADDRESS 916 Ca[illegible]

Spec.—1-10-21—M&T—1500 Blks.

E 05064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 E 05064

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Greene & Lombard Sts. 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie Knight

(a) RESIDENCE NO. 657 Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Man Servant

(b) General nature of industry, business, or establishment in which employed (or employer) 0 10

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Jno Knight

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Rosa Carter

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Univ. Hospital Records (Address)

15 Filed ..... 19 Robert P. Harrison, Registrar

DEC 28 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 22, 1925, to Dec 27, 1925, that I last saw him alive on Dec 27, 1925, and that death occurred, on the date stated above, at 5.10 a m.

The CAUSE OF DEATH* was as follows:

Prostatic abscess-

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Sub Q Prostatic Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 26

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam & Operation

(Signed) J Hogle Warfield Jr. M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 12/30/1925

20 UNDERTAKER Dan'l Easton ADDRESS 916 Cone

(Licensed Embalmer)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 05065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05065

CERTIFICATE OF DEATH.

15-5 90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3707 Chestnut Rd St., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Berg

(a) RESIDENCE NO. 3707 Chestnut Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna K Berg

6 DATE OF BIRTH (month, day, and year) May 28 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Mfr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Theodore Berg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mc Kinnon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna K Berg

(Address) 3707 Chestnut Rd

15 Filed DEC 29 1923, 19 Robert P. Quinn Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27 1923

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1926, 19 to Dec 27, 1923, that I last saw him alive on Dec. 27, 19 23, and that death occurred, on the date stated above, at 2.15 p m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Debility

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes.

Did an operation precede death? yes Date of —

Was there an autopsy? no

What test confirmed diagnosis? Irregular pulse & heart

(Signed) Thos N. Dunlap Jr, M. D.

, 19 (Address) 2300 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md

F F Benjamin

20 UNDERTAKER Wm Coulson

DATE OF BURIAL Dec 29 1923

ADDRESS 2238 N Mts

C 26923

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05066 — CERTIFICATE OF DEATH. — 88 E 05066

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 N. Lakewood ST., 8-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis J. Dumps.

(a) RESIDENCE NO. 1406 N. Lakewood. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of School Boy.

6 DATE OF BIRTH (month, day, and year) Feb. 5 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Dumps.

11 BIRTHPLACE OF FATHER (city or town) Austria (State or country) Hungary

12 MAIDEN NAME OF MOTHER Anna. Deener

13 BIRTHPLACE OF MOTHER (city or town) Austria (State or country) Hungary.

14 Informant Frank. Dump. (Address) 1406 N Lakewood

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1925, to Dec. 27, 1925 that I last saw him alive on Dec 26, 1925 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Ulcerative Endocarditis

Acute Parenchymatous Nephritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute Septicemia Staphylococcus Aureus

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood Cultures

(Signed) Thos H Stevens, M. D.

12/28 1925 (Address) 2878 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 30 1925

20 UNDERTAKER Wendell Dyffe & Son — ADDRESS 378 [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05067 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05067

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2324 Orleans ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hanna Himmer

(a) RESIDENCE NO. 2324 Orleans ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad Himmer

6 DATE OF BIRTH (month, day, and year): Ly 17 1857

7 AGE: Years 68 67; Months 3 4; Days 30 ..; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Friedrich Rost

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Hannah Strube

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Conrad Himmer (Address): 2324 Orleans

15 Filed 1925 Robert P. Warfield Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-27 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1 1921 to Dec 27 1925

that I last saw her alive on Dec 26 1925

and that death occurred, on the date stated above, at 3.20 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Chronic Interstitial Nephritis, Hypertension

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) J. Fort Bunting, M. D.

(Address) 1000 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Dec 30 1925

20 UNDERTAKER: Wendell Ruppel & Son — ADDRESS: 373 Mn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Mamie Morris

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05068

CERTIFICATE OF DEATH.

101-001

E 05068

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 545 W. West St. 21-3 WARD)

2-FULL NAME Mamie Morris

(a) RESIDENCE NO. 545 W West ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Morris

6 DATE OF BIRTH (month, day, and year) Feb-17-1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry West

11 BIRTHPLACE OF FATHER (city or town) Fredericksburg
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Saunders

13 BIRTHPLACE OF MOTHER (city or town) Robertsville
(State or country) Maryland

14 Informant George Morris
(Address) 545 W West St

15 Filed DEC 29 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/17, 1925, to 12/24, 1925, that I last saw her alive on 12/24 1925, and that death occurred, on the date stated above, at 11 55 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis

(duration) [illegible] mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urine negative

(Signed) Dan Jourdan, M. D.

12/26 1925 (Address) 122 W — See 45

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Arch 12-29 1925

UNDERTAKER Dan H. Jourdan ADDRESS 1027 Druid Hill Ave

CAUSES OF DEATH must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

05069

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 E. Federal ST. 8-W WARD)

2-FULL NAME John M. Carlos

(a) RESIDENCE NO. 1504 E Federal ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christine I Carlos

6 DATE OF BIRTH (month, day, and year) Feb 12. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

066

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Carlos.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Mary Mean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Christine Carlos.

(Address) 1504. E. Federal st.

15 Filed DEC 29 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 19 25

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 19 25, to Dec 26, 19 25,

that I last saw h alive on Dec 26, 19 25

and that death occurred, on the date stated above, at 6 20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insuffy

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jones, M. D.

(Address) 426 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mem Cathedral Cemetery	Dec. 29 19 25

20 UNDERTAKER	ADDRESS
Geo. J. Rush	1735 Harford Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05070

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 340 S. Smallwood St., 20-4 Ward)

Registered No. 4-007 05070

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Harry Hanenstein Jr.

(a) Residence No. 340 S. Smallwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 2 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6-DATE OF BIRTH (month, day and year): Oct. 14th 1925

7-AGE. yrs. 2 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Harry Hanenstein

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto. Md

12-MAIDEN NAME OF MOTHER: Helen Callahan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto. Md

11- (Informant): Harry Hanenstein

(Address): 340 S. Smallwood St

15- Filed 192 Registrar.

ROBERT R. KRAUTER

DEC 29 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 27-25

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1925 to Dec 27 1925, that I last saw h, alive on Dec 27 1925, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Acute Gastro-intestinal Infection

Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Endocarditis Chronic

Duration yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Home Symptoms

(Signed) Norbert C. Gluck M. D

12/28/ 1925 (Address) 2151 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Frey Rathe Funeral Chapel DATE OF BURIAL: Dec. 29. 1925

20-UNDERTAKER: George L. Schwabe ADDRESS: 2101 Fredk. Ave.

instructions on back of certificates. Entire statement of OCCUPATION is very important. See

Spec.—1-10-21—M&T—1500 Bks.

E 05071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

jo E 05071

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2835 Presbury St. ST. 15-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy T.Sanner,

(a) RESIDENCE NO. 2835 Presbury St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. – mos. – ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Richard B.Sanner,

6 DATE OF BIRTH (month, day, and year) December 12.1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	68	--	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Marys Co.Md.

PARENTS

10 NAME OF FATHER John W.Jones,

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co.Md.

12 MAIDEN NAME OF MOTHER Elizabeth A.Wheeler,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co.Md.

14 Informant (Address) Roland Sanner 2835 Presbury St.

15 Filed ... 19 ... ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 28 1925 19

17

I HEREBY CERTIFY, That I attended deceased from Dec 21 .1925. to Dec 28 .1925.

that I last saw h~~e~~r alive on Dec 28 .1925.

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Labor pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) Walter Nisbett M. D.

Dec 29/25 19 (Address) 2220 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL DEC 31 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 2340 EDMONDSON AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 E 05072

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hospital ST., WARD)

2-FULL NAME Baby Boy Harrison

(a) RESIDENCE NO. Laurel, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 12-19-25

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James Carrel Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Laurel, Maryland

12 MAIDEN NAME OF MOTHER Agnes Garnett Wishart

13 BIRTHPLACE OF MOTHER (city or town) Dallas (State or country) Texas

14 Informant Mrs. Agnes Harrison

(Address) Laurel Maryland

15 Filed . 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-19-25. 19 , to 12-28 , 1925.

that I last saw him alive on 12-28- , 1925,

and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows

Congenital atelectasis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Maryland Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md

DATE OF BURIAL 12/30/25

20 UNDERTAKER Geo. E. Jones

ADDRESS Laurel Md.

Spec.—1-10-21—M&T—1500 Bks.

E 05073 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05073

CERTIFICATE OF DEATH.

48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 N. Rose St. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bridget Hughes

(a) RESIDENCE No. 225 N. Rose St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 12 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	62	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) do do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Winefried Logan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Elizabeth Hughes

(Address) 225 N. Rose St.

15 Filed ..... 19 ..... ROBERT H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28-1925

17

I HEREBY CERTIFY, That I attended deceased from 12-1 1925 to 12-27 1925

that I last saw h[illegible] alive on 12-27 1925 6.30 P.M.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Carcinoma of Face

Metast Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) J. Ruth Symonds M. D.

Dec. 30 1925 (Address) 500 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Patricks

DATE OF BURIAL Dec. 30 1925

20 UNDERTAKER Jos. J. Herr

ADDRESS 156 N. Eutaw

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05074 E 05074

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2312 E. Fairmount ST. 6-3 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Wessley

(a) RESIDENCE. No. 2312 E. Fairmount ST., ... WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Wessley

6 DATE OF BIRTH (month, day, and year) Jan 5 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ger.

PARENTS

10 NAME OF FATHER Jos. Schuyler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Regina Gary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Mr. Edward Wessley

(Address) 2312 Fairmount

15 Filed ....., 19 ..... ROBERT N. KNAPP, Registrar

Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1925

17 I HEREBY CERTIFY, That I attended deceased from August 1925, to Dec. 26 1925, that I last saw her alive on Dec. 26 1925, and that death occurred, on the date stated above, at 10:25 A m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis Myocarditis

Chronic nephritis & Hypertension

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) 5 yrs. mos. 2 wks ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jos. F. Schuyler M. D.

Dec 26 1925 (Address) 2092 E. Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz's Cem	Dec. 29 1925
20 UNDERTAKER Jos. F. Iden	ADDRESS 156 N. Luzerne

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

05075 Howard Park 9105075

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Oxford + Belmont Ave (ST.) (WARD) 2

2-FULL NAME Robert J Short

(a) RESIDENCE NO. Oxford + Belmont Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M Short

6 DATE OF BIRTH (month, day, and year) Oct 2 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Captain 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Smyrna Del

PARENTS

10 NAME OF FATHER John Short

11 BIRTHPLACE OF FATHER (city or town) Smyrna (State or country) Del

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del

14 Informant Mrs Anna M Short

(Address) Oxford + Belmont Ave

15 Filed ....., 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1925, to Dec 27, 1925, that I last saw him alive on Dec 24, 1925, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

General Arterio-Sclerosis

(duration) 10 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Gradually

Did an operation precede death? No. Date of ...

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Henry Waldschmidt M. D.

(Address) Dec 27/25 933 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 30 1925

20 UNDERTAKER John P. Denny

ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05076

E 05076

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 - North - 6th ST., 25 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Plummer Reason Lowman

(a) RESIDENCE NO. 4 - North 6th ST., 25 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Eliza Ann Lowman

6 DATE OF BIRTH (month, day, and year) Jan 21 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	70	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer) R. R. Car Whl. Works

(c) Name of employer Mr. Wellington.

9 BIRTHPLACE (city or town) Odenton (State or country) Maryland

PARENTS

10 NAME OF FATHER Matthew Lowman

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER Dorothy Knox

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Dist Knox

14 Informant Clarence E. Lowman (Address) 601 - Potomac Ave.

15 Filed ..., 19 ... AUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1925, to Dec 26, 1925, that I last saw him alive on Dec 26, 1925, and that death occurred, on the date stated above, at 10:25 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm. Wyatt, M. D.

(Address) 816 - Pennsylvania Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hauch Chapel A. A. Via Auto

DATE OF BURIAL DEC 29 1925

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 05077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05077

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 Powell ave ST., 26 WARD)

2-FULL NAME Ann E. Huntt

(a) RESIDENCE NO. 41 Powell ave ST., 26 WARD

(Usual place of abode) (If non-resident: give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widowed

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Robt. L. Huntt

6 DATE OF BIRTH (month, day, and year): aug/st 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Hugh Duffy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): dont know

14 Informant: Robt L Huntt

(Address): 41 Powell Ave

15 Filed ....., 19— ROBERT R. KRAUSE Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 26, 1925

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1925, to Dec 26, 1925.

that I last saw h.er alive on December 26, 1925.

and that death occurred, on the date stated above, at 11.40 p. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Senile changes & following Grippe

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual

(Signed) George L. Shannon M. D.

12/29, 1925 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: 12/30/25

20 UNDERTAKER: John A Moran

ADDRESS: 3009 E. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05078

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05078

CERTIFICATE OF DEATH.

33

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST. 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Annie Buckey.

(a) RESIDENCE No. 2509 Chelsea Te ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: (Divorced) Father M. Buckey

6 DATE OF BIRTH (month, day, and year): Jan 5, 1862

7 AGE: Years 63 Months 11 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: (Manager) HW 609

(b) General nature of industry, business, or establishment in which employed (or employer): Shades Blinds

(c) Name of employer: Tapley Brothers.

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Gregory

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Carrie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs L. E. Hood

(Address) 2507 Chelsea Te

15 Filed ..... 19 .....

ROBERT N. KRAUTER, Registrar

Burial Permit Issued

DEC 29 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-27-1925

17

I HEREBY CERTIFY, That I attended deceased from 12-26-, 1925, to 12-27-, 1925,

that I last saw her alive on 12-27-, 1925,

and that death occurred, on the date stated above, at 7 40 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous Cystoritis

(duration) (2) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

Toxemia (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of July 13, 1925

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Pathological

(Signed) Jno A Compton, M. D.

, 19 (Address) Md Gen Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Dec 29 1925

20 UNDERTAKER: Wm J Tickner Sons

ADDRESS: Howard & Pa

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05079

CERTIFICATE OF DEATH.

89

REGISTERED NO. E 05079

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 623 W. North Ave (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Hardesty

(a) RESIDENCE NO. 623 W. North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L. Hardesty

6 DATE OF BIRTH (month, day, and year) May 31 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	54.	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Detective 061

(b) General nature of industry, business, or establishment in which employed (or employer) Western Md R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James H. Hardesty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Francis McGaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Annie L. Hardesty

(Address) 623 W. North ave

15 Filed ....., 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/24/25, 19..., to 12/26/25, 19...,

that I last saw h... alive on 12/26/25, 19...,

and that death occurred, on the date stated above, at 10 [illegible] m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

Arteriosclerosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.

..... 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Dec 30 1925

20 UNDERTAKER Joseph Syfan

ADDRESS 1607 W. North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 05080

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4110 Norfolk ave ST., 28-3 WARD)

2-FULL NAME Rebecca Davis

(a) RESIDENCE No. 4110 Norfolk ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Davis

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Soleman Trefolsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Simon Trefolsky

(Address) 4110 Norfolk ave

15 Filed ....., 19 ..... ROBERT R. KRAMER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 19 25

17

I HEREBY CERTIFY, That I attended deceased from Dec 2, 1925, to Dec 27, 1925,

that I last saw h. alive on Dec 27, 1925,

and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. L. Hornsby, M. D.

12/28 19 25 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rebecca Hebrew

DATE OF BURIAL 12/29 19 25

20 UNDERTAKER Jack Levin

ADDRESS 1454 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05081

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05081

CERTIFICATE OF DEATH.

166

1-PLACE OF DEATH 1025 Warden St.

REGISTERED NO

CITY OF BALTIMORE: (NO.) ST., 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo Edward Miller

(a) RESIDENCE NO. 1025 Warden St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 24 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
		4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER Leo Albert Miller

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Morris

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland.

14 Informant mother (Address) 1025 Warden St

15 Filed ....., 19 .... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 19 26, to Dec. 28, 19 25.

that I last saw him alive on Dec. 28, 19 25,

and that death occurred, on the date stated above, at 4:10 P m.

The CAUSE OF DEATH* was as follows:

Marasmus

about

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) L. C. Sobical M. D.

, 19 (Address) 4472 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Dec 30 1925

20 UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Gruenmt Ave

TION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21 M&T 1500 Bks.

E 05082

HEALTH DEPARTMENT—CITY OF BALTIMORE

1 x 86-001

E 05082

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Edward Lee Sparrow

(a) RESIDENCE NO. 1st St Lansdowne Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 mos How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 8 Oct 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Lansdowne (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry A Sparrow

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Edna M Stantz

13 BIRTHPLACE OF MOTHER (city or town) Lansdowne Md (State or country)

14 Informant Edna L. Sparrow (Address) Lansdowne Md.

15 Filed ..... 19 ..... ROBERT R. KRAUSE, Registrar

DEC 30 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 28 Dec 1925

17 I HEREBY CERTIFY, That I attended deceased from 17 Nov, 1925, to 27 Dec, 1925, that I last saw him alive on 27 Dec, 1925, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Otitis Media

" Mastoiditis

~~Purulent Otitis Meningitis~~

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Acute Purulent Meningitis Acute Nephritis (duration) — yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Lansdowne Md.

Did an operation precede death? Yes Date of 20 Dec 1925

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) Dr. Bedwell Woodruff M. D.

28 Dec 1925 (Address) Lansdowne Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Dec 30 1925

20 UNDERTAKER Ralph B. Cook ADDRESS 1303 N Charles St

INSTRUCTIONS.—Exact statement of OCCUPATION is very important. See instructions on back of certificates. Answer all questions in plain terms, so that it may be properly classified.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05083 100-001 E 05083

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N Wolfe ST., 6-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Walters

(a) RESIDENCE NO. 15 N Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elenora Walters.

6 DATE OF BIRTH (month, day, and year) 1/7/1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter. 05

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Charles Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Saberer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elenora Walters (Address) 15 N Wolfe St

15 Filed ....., 19 ..... Registrar

ROBERT P. KRAUTER

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1925, to Dec. 27, 1925, that I last saw him alive on Dec. 27, 1925 and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. H. Isaacs, M. D.

19 (Address) 1821 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel — DATE OF BURIAL 1/30/1926

20 UNDERTAKER John Ullrich — ADDRESS 2008 Orleans

PRINT is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05084

CERTIFICATE OF DEATH.

1 31

E 05084

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N East Ave ST. 76-5 WARD)

2-FULL NAME Susie A Mumma

(a) RESIDENCE NO. 15 N East Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David H. Mumma

6 DATE OF BIRTH (month, day, and year) 12/26-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto Co Md (State or country)

PARENTS

10 NAME OF FATHER John R Cree

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Mobray

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant David H. Mumma (Address) 15 N East Ave

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 3, 1925, to Dec 27, 1925, that I last saw h. alive on Dec 27, 1925, and that death occurred, on the date stated above, at 1:45 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Fred C Jewett, M. D.

1925 12 28 (Address) 2574 Pennsa ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fork M E Church Cem	12/30/25
20 UNDERTAKER	ADDRESS
John Ellerich	2008 Edmondson

FOR IS Very Important See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05085

118-001

E 05085

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. Monroe WARD)

2-FULL NAME Charles Johann Deuge

(a) RESIDENCE No. 3806 Fait Ave. Balto. St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Deuge.

6 DATE OF BIRTH (month, day, and year) Dec. 8. 1846.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	0	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher. 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Johann Deuge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Caroline Deuge

(Address) 3808 Fait Ave

15 Filed ....., 19 .... ROBERT R. KRAUS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29- 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-27, 1925, to 12-29, 1925,

that I last saw him alive on 12-29, 1925

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction, complete, due to strangulated inguinal hernia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Surgical shock

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-27-25 (over)

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Henry U P Wilson, M D, M. D.

, 19 (Address) Church Home Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL 12/31/25

20 UNDERTAKER John Leeds

ADDRESS 2008 Aliceanna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05086

CERTIFICATE OF DEATH.

101-001

E 05086

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Argyle Ave ST. 17-1 WARD)

2-FULL NAME Julius Butler

(a) RESIDENCE NO. 1102 Argyle Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Butler

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Work by day

(c) Name of employer Wm Kanis

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Carrie Butler

(Address) 1102 Argyle Ave.

15 Filed ..... 19 ..... Registrar

DEC 29 1925 JOSEPH A. KRAUSE Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 23, 1925, to Dec 25, 1925, that I last saw him alive on Dec 25, 1925, and that death occurred, on the date stated above, at 10:15 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 0 yrs. 0 mos 3 ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? 1102 Argyle Ave.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) R B Tenyon, M. D.

Dec 24 25 (Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Dec. 30, 1925

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 32 N. Schroeder St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

05087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 05087

1-PLACE OF DEATH So Balto Gen. Hosp.

CITY OF BALTIMORE: (No. 1213 Light St ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Smith

(a) RESIDENCE NO. 1214 Marshall ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Emma Rush Smith

6 DATE OF BIRTH (month, day, and year) Dec. 18, 1891

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale & Retail

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER David Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Catherine Brannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant Mrs. Frank Smith

(Address) 1214 Marshall St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/20/25, 19..., to 12/27/25.

that I last saw him alive on 12/27/25, 19

and that death occurred, on the date stated above, at 2 10 P m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Lung abscess

(duration) yrs. mos 1½ 8 ds.

18 Where was disease contracted if not at place of death? 1214 Marshall St

Did an operation precede death? No Date of 12/21/25

Was there an autopsy? Yes

What test confirmed diagnosis? Section & findings

(Signed) William B Dalton M. D.

12/27 1925 (Address) 808 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL Dec. 30 1925

20 UNDERTAKER Margaret E. Flynn

ADDRESS 1422 Light St.

DEC 29 1925 ROBERT R. KRAUTER, Assistant Health Officer

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05088

CERTIFICATE OF DEATH.

38 E 05088

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST., 7-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Frock

(a) RESIDENCE NO. 2046 E. "onument ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Dec 12/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			8 hrs	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Daniel Frock

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Ethel ----

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Hopkins Hospital
(Address)

15 Filed ..... , 192 ..... ROBERT R. KRAUTH. Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Probable Syphilis

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Bacon, M. D.
(Coroner)

12/24/25 192 (Address) 508 EL North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL DEC 29 1925

(Superintendent Health.)

TION is very important. See instructions on back of certificate. Exact statement of OCCUPA-

E 05089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 05089

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp. St., 1401 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Effie A. Garner

(Residence in Baltimore: No. 2313 Penna Ave. St.; yrs. 44 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH. Sept. (Month) 4th (Day) 1903 (Year)

7-AGE. 22 yrs. 3 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. George Godwin

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Blanche Sorrell

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche S. Dixon (Mother)

(Address) 2444 McCulloh Street

15-

Filed ..... 192.....

ROBERT R. KRAUTER, Registrar.

DEC 29 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 26, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of neck (accidental)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fell off porch

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Dec. 28 1925 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cemetery	Dec. 29 1925
20-UNDERTAKER. Jno. M. Johnson	ADDRESS 1234 Eutaw St.

Very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05090

E 05090

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 230 N. Edmonds St.; WARD 6)

2-FULL NAME John Le Roy Chase

(a) RESIDENCE. No. 230 N. Edmonds St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Dec 27. 1925

7 AGE — Years — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Gordon Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Catherine Powers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant ... (Address) ...

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1925, to Dec 27, 1925

that I last saw him alive on Dec. 27, 1925

and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth
(6½ mos)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John L. Chase, M. D.

(Address) 35.4 Potomac St

Dec 26. 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Registrar

Burial Permit Clerk.

Par. Wm. E. Woodall

THIS is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05091 **CERTIFICATE OF DEATH.** 16 001 E 05091

1-PLACE OF DEATH

Registered No. 18-1

City of BALTIMORE: (No. 1125 W. Saratoga St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Field

(a) Residence No. 1125 W. Saratoga St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	col	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 12/26/25

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 20 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) .....
(State or Country),

PARENTS.

10-NAME OF FATHER, Thornton Field

11-BIRTHPLACE OF FATHER (city or town) Smithfield
(State or Country), Va

12-MAIDEN NAME OF MOTHER, Margaret Field

13-BIRTHPLACE OF MOTHER (city or town) Smithfield
(State or Country), Va

14- (Informant) .....

(Address) .....

15- Filed ....., 192.... ROBERT R. KRAUTER, Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12/26/25

17- I HEREBY CERTIFY, That I attended deceased from 12/26, 1925, to 12/26, 1925, that I last saw h~~im~~ alive on 12/26, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) S. L. Jackson, M. D.

12/26 1925 (Address) 1058 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, ... DATE OF BURIAL, ..., 19....

20-UNDERTAKER, ... ADDRESS .....

DEC 28 1925 Commissioner Health, DEC 29

994

Spec. 1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05092

CERTIFICATE OF DEATH.

74-001

74 E 05092

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1538 (ST.) Friendship (WARD) 15-12

2-FULL NAME Charles Boone

(a) RESIDENCE NO. 1538 Friendship ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced, HUSBAND of or WIFE of Lale Mary Elizabeth Boone

6 DATE OF BIRTH (month, day, and year) Dec 20 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sexton 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Calvary Lutheran Church

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Howard Albert Boone

(Address) 1538 Friendship St

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 — 1925, to Dec 27, 1925, that I last saw h[illegible] alive on Dec 27, 1925, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. E. Jones M. D.

Dec 28, 1925 (Address) 720 W Monta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 12/30/25

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson Ave

TION is very important. See instructions on back of certificates. ... the property classified. Exact statement of OCCUPA-

E 05093

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05093

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colgate - 11th ST.: 76-4 WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earnest Schultz

(a) RESIDENCE. No. Colgate 11 St ST., 26 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Fes B Haskel 11 th St

15 Filed . 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1925, to Dec. 28, 1925, that I last saw him alive on Dec. 27, 1925, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial Insuf - Germany (duration) yrs. mos. 1 ds.

Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Brantzbaer M. D.

12-29-25 (Address) 3037 Edmund St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cem	Dec 30 1925

20 UNDERTAKER Stephen Fialkoske ADDRESS 1000 Monroe St

THIS IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05094

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05094

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2651 W North Av ST., 15-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Washington Miller

(a) RESIDENCE NO. 2651 W North av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nellie C. Fields

6 DATE OF BIRTH (month, day, and year) Sept. 11-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor 016

(b) General nature of industry, business, or establishment in which employed (or employer) Roadwork

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll Co Md (State or country)

PARENTS

10 NAME OF FATHER ~~Allen Miller~~ Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Nellie Algire

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs Geo W. Miller

(Address) 2651 W North av

15 Filed ....., 19.... Robert P. Barrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1925, to Dec 28th, 1925, that I last saw h[illegible] alive on Dec 27, 1925, and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

following low fevers

due to worry remembering

typhoid (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Abdominal Tumor.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E. Brill, M. D.

12/28, 1925 (Address) 1625 W North av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Dec 31st 1925

20 UNDERTAKER: Feltman & Bro.

ADDRESS: 1337 Lafayette

CAUSE OF DEATH must be plain terms, so that it may be properly classified. Exact statement of OCCU-

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1863 26 E 05095

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05095

CERTIFICATE OF DEATH.

X 49

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (NO. ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora B Funk

(a) RESIDENCE NO. Tulsa Okla ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mr. Funk

6 DATE OF BIRTH (month, day, and year): Jan 17th 1867

7 AGE: Years 58 | Months 11 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Ill.

PARENTS

10 NAME OF FATHER: Horace Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Thelesson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ill.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1925, to Dec 29, 1925, that I last saw her alive on Dec 29, 1925, and that death occurred, on the date stated above, at 4 08 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Jr. uterus

(duration) 2 (2) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. J. Wahl, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tulsa Oklahoma — DATE OF BURIAL: Dec 29 1925

20 UNDERTAKER: Henry H. Jenkins & Son Co — ADDRESS: Orchard & McCulloh Sts

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 05096

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05096

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1544 Boyle ST., 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Meushaw.

(a) RESIDENCE NO. 1544 Boyle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July, 30, 1852.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73,	4,	28.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship-painter.

(b) General nature of industry, business, or establishment in which employed (or employer) D 50

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Meushaw.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sophia Hook.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Mrs. Caskey 1544 Boyle St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12.28.25

17 I HEREBY CERTIFY, That I attended deceased from about Nov. 1923, to 12.28.25, 19, that I last saw h im alive on 12.27.25, 19, and that death occurred, on the date stated above, at 1 P.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical-Microscopic

(Signed) G. Tilley B. Fowler, M. D.

12.28, 1925 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Dec 31 1925

20 UNDERTAKER Edward Evans ADDRESS 38 E Fordham

Cor.—1-12-23—M&T—100 Bks.

E 05097

HEALTH DEPARTMENT—CITY OF BALTIMORE

181 E 05097

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 6021 Falls Road St. 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Reilly

(a) RESIDENCE NO. 6021 Falls Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Reilly

6 DATE OF BIRTH (month, day, and year) July 20-1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	5	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER James F. Reilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie E. Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Elizabeth A. Reilly
(Address) 6021 Falls Road

15 Filed ....., 192.. Robert S. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fx Fracture
accidental

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ....., M. D.
(Coroner.)

Dec 27 1925 (Address) 6021 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Dec. 30 1925
20 UNDERTAKER Horace H. Burgee	ADDRESS 3631 Falls Road

Burial Permit Sent

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05098 E 05098

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Latrobe ST. 17-6 WARD)

2-FULL NAME Charlott Manno

(a) RESIDENCE NO. 1606 Latrobe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widowman

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Widowman.

7 AGE: Years: about 52; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Widowman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Widowman.

12 MAIDEN NAME OF MOTHER: Widowman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Widowman.

14 Informant: George. Manno

(Address): 1606 Latrobe st

15 Filed 12 29 1925 Robert F. Morrison, Registrar

Burial Forest Cl. 2

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/28 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/6 1925, to 12/28 1925,

that I last saw h[illegible] alive on 12/28 1925,

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Ac. Nephritis + Aortic Insufficiency

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B Wofchuller, M. D.

12/29, 1925 (Address) 1139 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Magothy | DATE OF BURIAL: 12/30/25

20 UNDERTAKER: Mrs R. G. Elliott | ADDRESS: 1735 Eastland ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 05099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05099

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen'l Hosp. ST., WARD)

2-FULL NAME Cora Millard. - martindale

(a) RESIDENCE NO. 510 N. Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE~~ of Wife of Francis B Millard

6 DATE OF BIRTH (month, day, and year) April 18 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	68	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John L Coates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Byrd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant E. A. Martindale

(Address) 2156 Washington Blvd

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1925.

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1925, to Dec 28, 1925, that I last saw her alive on Dec 28, 1925, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 30 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Salvarsan

(Signed) James Wilson M. D.

, 19 (Address) 1213 Eight St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Dec 31 1925

20 UNDERTAKER Williams Bach

ADDRESS 502 E North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05100

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05100

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Ellwood Place ST. 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Elliott

(a) RESIDENCE NO. 1906 Ellwood Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 28, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Edward T Elliott

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Mary A Cremer

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Anna L McClain (Address) 1302 Homestead Ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 22nd, 1925 to Dec 28th, 1925.

that I last saw her alive on Dec 28th, 1925

and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo. W. Jeffers M.D.

12/28, 1925 (Address) 401 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL Dec 30 1925

20 UNDERTAKER Wm Cook ADDRESS 322 E Lanvale

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dr Norwood 939 N. Fayette St

E 05101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05101

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Aged Womans Home

CITY OF BALTIMORE: (No. Lexington & Calhoun St. 19-1 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lavinia Leeds

(a) RESIDENCE No. Calhoun and Lexington St. Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Leeds

6 DATE OF BIRTH (month, day, and year) Feb 14, 1857.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	69	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Norfolk (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs Nettie Wilkerson (Address) Richmond, Va

15 Filed ....., 19 ..... Registrar

Robert E. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept, 1925, to Dec 28, 1925, that I last saw h alive on Dec 28, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) H. Norwood M. D.

Dec 29, 1925 (Address) 939 N Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Dec 30 1925

20 UNDERTAKER Wilhelm Cook ADDRESS 502 E North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

TALTYS

E 05102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05102

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 S Wolfe ST. 2-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Tautes

(a) RESIDENCE NO. 624 S Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July ? 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Martin Dudek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Worzesin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Tautes

(Address) 624 S Wolfe

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1925

17 I HEREBY CERTIFY, That I attended deceased from December 7, 1925, to December, 1925, that I last saw her alive on December 25, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Dilatation Heart. (Broken Compensation)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Dec (Signed) Caleb V. Fahey, M. D.

28, 1925 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus cem

DATE OF BURIAL Dec 30 1925

20 UNDERTAKER John M Weber

ADDRESS 803 Bank St

Robert P. Harrison, M.D.

Burial Permit Issued.

Extension granted 1 day.

Spec.—1-12-23—M&T—500 Bks.

(MARY DROZD)

E 05103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05103

CERTIFICATE OF DEATH.

147

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Drozd

(a) RESIDENCE NO. 240 S. Ann St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Drozd

6 DATE OF BIRTH (month, day, and year) Dec 19 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36		8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Thomas Drozd

(Address) 240 S. Ann St City

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27/25

17 I HEREBY CERTIFY, That I attended deceased from 12-26, 1925, to 12-27, 1925

that I last saw her alive on 12-27, 1925

and that death occurred, on the date stated above, at 7 10 a. m.

The CAUSE OF DEATH* was as follows:

Shock following Child birth

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ~~Fetal~~ Impossible dystocia (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Sheldon Lee Hazel, M. D.

, 19 Address St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	Dec 29 1925
20 UNDERTAKER	ADDRESS
John McWeber	1803 Bank

Cor.—1-12-23—M&T—100 Bks.

E 05104 4 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. .....

CITY OF BALTIMORE: (No.) Franklin Sq Hospital (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Kirchoff

(a) RESIDENCE NO. 1612 W. Balto ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kirchoff

6 DATE OF BIRTH (month, day, and year) Dec 10/1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	60	—	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Music Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Thos. Kirchoff

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Louisa Eponia

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Wm Watts
(Address) 536 So. Smallwood

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

Struck by Street Car (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) did not cause mos. ds.

(Signed) Thos. B. Horton M. D.
(Coroner.)
Dec 29, 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters	Dec 30 1925
20 UNDERTAKER	ADDRESS
Thos Fields	1200 E Lombard

Spec.—1-10-21—M&T—1500 Bks.

E. 5105

HEALTH DEPARTMENT—CITY OF BALTIMORE

05105

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Bruce Lane, St. 13-5 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Kilbourne

(a) RESIDENCE NO. 2605 Bruce Lane St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 28-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
		3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md. Balto

(State or country)

PARENTS

10 NAME OF FATHER Alfred Kilbourne

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Agnes Beckhardt

13 BIRTHPLACE OF MOTHER (city or town) Balt

(State or country)

14 Informant Alfred Kilbourne

(Address) 2605 Bruce Court

15 Filed ....., 19.....

DEC 30 1925 ROBERT F. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-11-, 1925, to 12-28-, 1925,

that I last saw h[illegible] alive on 12-28-, 1925,

and that death occurred, on the date stated above, at 4.40 A. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

3 weeks

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. F. Engard, M. D.

, 19 (Address) Drury Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 30 1925

20 UNDERTAKER John J. Fiddes 1200 W Lombard

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05106

CERTIFICATE OF DEATH.

90

E 05106

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Walbrook Ave ST. 15-11 WARD)

2-FULL NAME Jerome A. Yungling

(a) RESIDENCE NO. 2119 Walbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie E. Yungling

6 DATE OF BIRTH (month, day, and year): Jany 19. 1856

7 AGE — Years: 69 — Months: 11 — Days: 9 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Ephraim Yungling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md

12 MAIDEN NAME OF MOTHER: Lucinda Hemlinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Emma Yungling

(Address) 2119 Walbrook Ave.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC 28 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 1923, to DEC 28, 1925

that I last saw him alive on DEC 28, 1925

and that death occurred, on the date stated above, at 10.10 P m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ernest L. Kahn M. D.

12/28/1925 (Address) 3005 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: WINCHESTER VA.

DATE OF BURIAL: Dec 31 1925

ADDRESS 1944 W. North Ave

20 UNDERTAKER: Harry W. Ehlen

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05107 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05107

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO. 13-4

CITY OF BALTIMORE: (No. Raynor Ave & Dukeland ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E Thompson.

(a) RESIDENCE NO. 3907 Roland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara L. Thompson

6 DATE OF BIRTH (month, day, and year) Oct. 12-1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Compositor 1623

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md. Casualty Co

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Chas. H.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.,

12 MAIDEN NAME OF MOTHER Barbara L. Fooler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Clara L. Thompson (Address) 3907 Roland Ave

15 Filed DEC 30 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14. 1925. to Dec 29. 1925. that I last saw him alive on Dec. 29 1925, and that death occurred, on the date stated above, at 5:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Tonsilitis

Acute Articular Rheumatism

Mitral Endo-carditis

(duration) yrs. 4. mos 7 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings.

(Signed) [signature], M. D.

. 19 (Address) W. B. G. Co

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL Dec 31 1925

20 UNDERTAKER Zirkler + Zirkler ADDRESS 1739 E. Eager St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05108

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 05108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 1-2 ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Lawton

(a) RESIDENCE No. 603 S. Curley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 24, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER George Lawton

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Carrie Stewart

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

DEC 30 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 26th, 1925, to Dec. 28th, 1925, that I last saw h alive on Dec. 28th, 1925, and that death occurred, on the date stated above, at 12 00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Alexander J. Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Dec 30 1925

20 UNDERTAKER H. Sander Sons Inc — ADDRESS 1710 Eutaw

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05109

CERTIFICATE OF DEATH.

12 D 05109

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 220 N. Arlington Ave. (St.) 16 (WARD)

2-FULL NAME William Massey

(a) RESIDENCE NO. 220 N. Arlington Ave. (Usual place of abode) WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Hatty Massey

6 DATE OF BIRTH (month, day, and year) June 3, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Chestertown (State or country) Md

PARENTS

10 NAME OF FATHER Perry Massey

11 BIRTHPLACE OF FATHER (city or town) Chestertown (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Perry

13 BIRTHPLACE OF MOTHER (city or town) Chestertown (State or country) Md

14 Informant Hattie Massey (Address) 222 N. Arlington Ave

15 Filed ..... 19 ..... Registrar

DEC 30 1925 ROBERT P. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1925 to Dec 20, 1925, that I last saw h[illegible] alive on Dec 26, 1925, and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Endocarditis

(duration) yrs. Deep mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. F. Roberts, M. D.

12/29/25 (Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Dec 30 1925

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 32 N Schroeder St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05110

CERTIFICATE OF DEATH.

E 05110

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 594 Presstman ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Rogers

(a) RESIDENCE NO. 594 Presstman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	68 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Leonard Gross

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Columbus Rogers (Address) 1526 Mount St

15 Filed ....., 19 ..... Registrar

DEC 30 1925 Bureau of Vital Statistics Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1925, to Dec 28, 1925, that I last saw her alive on Dec 27, 1925, and that death occurred, on the date stated above, at 4.10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. E. Wallram Frey M. D.

12/30, 1925 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cem	12/29/25
20 UNDERTAKER Samuel F. Stansbury	ADDRESS 578 N. Eden St.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05111 49 E 05111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 N. Broadway ST., 8-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick H. Guy

(a) RESIDENCE No. 1238 N. Broadway ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) March 24 1871

7 AGE 54 Years | 9 Months | 3 Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 09

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Dixon Guy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Josephine Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Dixon Guy 1238 N. Broadway

15 Filed DEC 30 1925, 19 ..... ROBERT N. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1925

17 I HEREBY CERTIFY, That I attended deceased from July 2 1925 to Dec 27 1925, that I last saw h alive on Dec 27 1925, and that death occurred, on the date stated above, at 9-10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of neck

(duration) yrs. 5 mos 25 ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of July 16 1925

Was there an autopsy? no

What test confirmed diagnosis? microscopic

(Signed) Geo E Taylor, M. D.

(Address) 1254 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Dec 30 1925

20 UNDERTAKER Robt J Turner Jr — ADDRESS 1442 N Broadway

HON. Is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05112

E 05112

CERTIFICATE OF DEATH.

57

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 20 N. Carey St. (St.) 19-1 (Ward)

2-FULL NAME Dora Cohen

(a) RESIDENCE No. 20 N Carey St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Cohen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Feinstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Jacob Cohen 20 N. Carey St.

15 Filed DEC 30 1925, 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1920 to 12/24/25 19, that I last saw h alive on 12/24/25, 19, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

My cardiac degeneration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic Nephritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

12/30, 1925 (Address) 375 Lorube

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehren Rosedale

DATE OF BURIAL 12/30/25, 19

20 UNDERTAKER Jack Levis

ADDRESS 1439 E. Baltimore St

How is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 05113 (Augusta Szelaza)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4th E 05113

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Augusta Szelaza

(a) Residence No. 1528 Lancaster St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds How long in U. S., If of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced [redacted] of (or) WIFE of Charles Szelaza

6-DATE OF BIRTH (month, day and year) Unknown 1888

7-AGE. [redacted] 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer). 0

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles Szelaza

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14-

(Informant) Baltimore City Hospitals Records

(Address).....

15-

Filed..... 19..... Registrar.

DEC 30 1925 ROBERT R. KRAMER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 28-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1925 to Dec. 28 1925

that I last saw h[redacted] alive on Dec. 28, 1925

and that death occurred, on the date stated above, at 6:10 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 2 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not nt place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

12/28 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary

DATE OF BURIAL. Dec 31, 1925

20-UNDERTAKER. F. A. Ozazewski

ADDRESS 1930 Eastern Ave.

Cor.—1-12-23—M&T—100 Bks.

E 05114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05114

31

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 East St ST. 5-1 WARD)

2-FULL NAME Maria Hill

(a) RESIDENCE NO. 218 East St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 4 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
near	11 years	10	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER R. Hill

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER M Young

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs. Hill
(Address) 218 East St

15 Filed DEC 30 1925 192 H. Hill
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastritis Sometime

Duration) Irritis Hemorrhage

CONTRIBUTORY (Secondary) Chronic Kidney Disease

(duration) yrs. mos. ds.

(Signed) M D Riley, M. D.

Dec 29. 1925 (Address) 1834 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cemetry

DATE OF BURIAL 12/30/25 192

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1730 Eastland Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

E 05115 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05115

CERTIFICATE OF DEATH.

90

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2 Fair Oak ave St., 93 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Rabe

(a) Residence No. 2 Fair Oak ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Chas. M. Rabe.

6-DATE OF BIRTH (month, day and year): May 4 1846

7-AGE: 79 yrs. 7 mos. 24 ds. LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Jacob Bach.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Sophia Saber

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-

(Informant): Wm. Rabe

(Address): 2 Fair Oak ave

15-

Filed DEC 30 1925 19.. H. Lee

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): December 25 '25 at 5:30 a.m.

17- I HEREBY CERTIFY, That I attended deceased from December 1 1925 to December 25 1925

that I last saw h[illegible] alive on December 25 1925,

and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Senile Debility of the Heart

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Heart Disease

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Med. Lic. Attendant

(Signed) Edwin Northrop M. D.

Dec 29 1925 (Address) 1400 Gordon ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Waverly — DATE OF BURIAL: Dec 30 1925

20-UNDERTAKER: E. A. Windsfeld — ADDRESS: 501 E 22nd

Cor.—1-12-23—M&T—100 Bks.

E 05116 E 05116

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Leonard.

(a) RESIDENCE NO. 20 Rickford Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ---- mos. ---- ds. How long in U. S., If of foreign birth? 50 yrs. ---- mos. ---- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	----		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER JohncLeonard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Julia. ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Darby Dunn. (nephew)
(Address) 510 E 23rd. St.

15 Filed Dec 30 1925, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Dec. 30, 1925 192 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 31 192 5
20 UNDERTAKER	ADDRESS
E. A. Windsor Jr	501 E 22 St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05117 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05117

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 25-2124

City of BALTIMORE: (No. 8 Church Ave. Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Schafer

(a) Residence No. 8 Church Ave. Catonsville St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Schafer

6-DATE OF BIRTH (month, day and year): April 4 - 1843

7-AGE: 82 yrs. 8 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Ernst Goetz

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Stein

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant) Mr. Chas. A. Edelmann

(Address) 8 Church Ave. Catonsville

15- Filed DEC 30 1925 ROBERT R. KOLB Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 27th 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1925 to Dec 27, 1925

that I last saw h. alive on Dec 26, 1925

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Infirmities of old age

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) P. G. Dill M. D.

12/29, 1925 (Address) 1509 W Lombard

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Loudon Park Cem	Dec 30 1925.
20-UNDERTAKER.	ADDRESS
Geo. P. Gorman & Son	1601 W. Lombard St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05118

CERTIFICATE OF DEATH.

E 05118

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2118 Hollins ST. 20-3 (WARD)

2-FULL NAME Lois Lynnice Vosloh

(a) RESIDENCE No. 2118 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4/5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): July 15-1924

7 AGE: Years 1 | Months 5 | Days 14 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Carl F. Vosloh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Indiana

12 MAIDEN NAME OF MOTHER: Minnie Todd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Indiana

14 Informant: Carl F. Vosloh

(Address): 2118 Hollins St

15 Filed DEC 30 1925, 19 HUBERT R. KRAUTER Registrar

Assist Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/29 1925

17

I HEREBY CERTIFY, That I attended deceased from 12/21, 1925, to 12-29-, 1925,

that I last saw h[illegible] alive on 12-28, 1925,

and that death occurred, on the date stated above, at 9 A.M. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. Hellen Heuman M. D.

12/29 1925 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Dec. 30 1925
20 UNDERTAKER	ADDRESS
George L. Schwartz	2101 Eutaw St.

FROM is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05119 HEALTH DEPARTMENT—CITY OF BALTIMORE 74001 E 05119

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2110 Mt. Holly St. 25 WARD)

2-FULL NAME Emma Lazarus

(a) RESIDENCE NO. 2110 Mt. Holly ST. Lt. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mat Lazarus

6 DATE OF BIRTH (month, day, and year) July 25, 1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	5 6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. Ind

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Germany

PARENTS

10 NAME OF FATHER Sam'l. Willner

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Herzfeld

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Julius W. Willner (Address) Frederick, Md.

15 Filed ....., 19 ..... Registrar .....

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28/1925.

17 I HEREBY CERTIFY, That I attended deceased from Dec-28, 1920, to Dec-28, 1925, that I last saw her alive on Dec-27, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage with Rt Side Hemiplegia

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary) Hypertension. ?

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Harry Cole M. D.

12/29 1925 (Address) 2707 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	12/30/1925

20 UNDERTAKER David Sondheim ADDRESS 118-20 W. Mt. Royal Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05120

CERTIFICATE OF DEATH.

89

E 05120

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2347 Eutaw Place ST.) 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Naphthali Liberles

(a) RESIDENCE NO. 2347 Eutaw Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosa Liberles

6 DATE OF BIRTH (month, day, and year) Apr. 6, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Automobile 8-6

(b) General nature of industry, business, or establishment in which employed (or employer) Finance

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER — Liberles

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mr. Gilbert Liberles
(Address) 2347 Eutaw Place

15 Filed DEC 30 1925 19 ROBERT A. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/ 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 22d, 1924, to Dec 29th, 1925, that I last saw h[illegible] alive on Dec 28, 1925 and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris; Coronary arteriosclerosis thrombosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis of Coronary arteries

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

Dec 24, 1925 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Har Sinai Cem.	12/31/ 1925
20 UNDERTAKER David Sondheim	ADDRESS 1120 W. Mt. Royal Ave

TION is very important. See instructions on back of certificates.

Burial Permit Issued

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05121 — 90 — E 05121

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 S Glover St. 1-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Czenny

(a) RESIDENCE NO. 813 S Glover ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64				

8 OCCUPATION OF DECEASED bricklayer

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) O'11

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Czenny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Agnes Rozanska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Ann Czenny
(Address) 813 S Glover

15 Filed DEC 30 1925, 19 ..... ROBERT R. KRAUTER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1925, to Dec 28, 1925, that I last saw him alive on Dec 28, 1925, and that death occurred, on the date stated above, at 2.10 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) ..... yrs. unknown mos. ..... ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Franad Janiszki M. D.

12/29 1925 (Address) 8431 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL Dec 31 1925

20 UNDERTAKER Stephen J. Falkowski ADDRESS 108 Lemmon

FROM A very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05122

CERTIFICATE OF DEATH.

1-31

E 05122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST., R.D. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Kehoe

(a) RESIDENCE NO. Baltimore City Hospitals ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 073

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Washington
(State or country) D. C.

PARENTS

10 NAME OF FATHER Patrick Kehoe

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Doyle

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... ROBERT N. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28, 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1922, to Dec. 28, 1925, that I last saw him alive on Dec. 28, 1925 and that death occurred, on the date stated above, at 8.20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical findings

(Signed) Wm McLane Jr., M. D.

12-29-1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 12 31 1925

20 UNDERTAKER J. J. Fahey Sons

ADDRESS 1315 Eight St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05123 E 05123

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Registered No. C 15-13 66

City of BALTIMORE: (No. Colonial Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Barnes

(Residence in Baltimore: No. 1356 Stockton St., St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH, About (Month) (Day) 1874 (Year)

7-AGE	If LESS than 1 day,
51 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country), Unknown

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Barnes

(Address) 1356 Stockton St.

15- ROBERT R. KRAUTER,

Filed ..... 192.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 28, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Dec. 29, 192 5. (Address) 250 N. Edmondson Ave.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Dec 31, 1925

20-UNDERTAKER,	ADDRESS
Virginia A Brooks	1463 W Lanvale

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05124

CERTIFICATE OF DEATH.

3 1 E 05124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (16-6) ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary owens

(a) RESIDENCE No. 1624 Mosher st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not stated

6 DATE OF BIRTH (month, day, and year): 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: M. Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Hannah Prosco

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records

(Address)

15 Filed ....., 19 .....

DEC 30 1925

Ruth L. M... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 28, 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1925, to Dec. 28, 1925, that I last saw h[illegible] alive on Dec. 28, 1925, and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous salpingitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of July 7, 1925 (Colonial Hospital)

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) [signature] M. D.

12-28-25, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Dec 31 1925

20 UNDERTAKER: Virginia A. Brooks

ADDRESS: 1463 N. Carey

E 05125

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05125

CERTIFICATE OF DEATH.

18-1 90

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1206 N. Mulberry St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Hewell

(Residence in Baltimore: No. 1206 N. Mulberry St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~Single~~, Married, Widowed, or ~~Divorced~~ (Write the word): Widow

6-DATE OF BIRTH: May (Month) 4 (Day) 1834 (Year)

7-AGE: 91 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home ppo
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md

PARENTS.

10-NAME OF FATHER: James Hyde

11-BIRTHPLACE OF FATHER, (State or Country): England

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Miss Anne Blankenship

(Address): 1033 N. Calvert St.

15-

Filed ..... 192.... ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec (Month) 28 (Day) 2nd 192.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry,) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Mitral Regurgitation

(Duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) H. B. Horton M. D.
(Coroner.)

Dec 29 1935 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Heart Dis

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Dec 30 19 35

20-UNDERTAKER: Wm J. Tschudy & Bro

ADDRESS: North Pa. Ave

Spec.—1-12-23—M&T—500 Bks.

E 05126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05126

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1224 Belmont Ave ST. 9-5 WARD)

REGISTERED NO. 429

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Frederick McC. Keane

(a) RESIDENCE No. 1224 Belmont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Holmes McC. Keane

6 DATE OF BIRTH (month, day, and year) May 25th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector 072

(b) General nature of industry, business, or establishment in which employed (or employer) Collector for Telephone Co

(c) Name of employer Chesapeake & Potomac Tel Co

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Patrick McC. Keane

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York N.Y.

12 MAIDEN NAME OF MOTHER Mary Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Miss Frances McC. Keane (Address) 4303 Harford Road

15 Filed ..... 19 ..... Registrar

DEC 30 1925 ROBERT R. KRAMER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 7th, 1925, to Dec 29th, 1925, that I last saw him alive on Dec 29th, 1925, and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Bronchopneumonia

Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) L. L. Sandy M. D.

12-29, 1925 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Dec 1925

20 UNDERTAKER Edward W. Conklin

ADDRESS 724 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

E 05127 HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 05127

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Puritan St. 13-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence Nathanial Mules Jr.

(Residence in Baltimore: No. 710 Puritan St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Single

6-DATE OF BIRTH, December 29, 1925
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None. (M.D.)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Laurence N. Mules.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Bessie Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laurence N. Mules.

(Address) 710 Puritan Street

15-

Filed....., 191.....

Registrar.

DEC 30 1925 ROBERT R. KRAMER
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 29, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 29 1925, to Dec. 29 1925, that I saw h[illegible] alive on Dec. 29 1925, and that death occurred, on the date stated above, at 9. P. m.

The CAUSE OF DEATH* was as follows:

Asphyxiation Premature birth

.....(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Premature Birth

.....(Duration)....yrs....mos....ds.

(Signed) C. J. Davis M. D.

12-30., 1925 (Address) 800 W. 33rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden | DATE OF BURIAL, Dec. 30. 1925

20-UNDERTAKER Ebenezer Son | ADDRESS 3617 Chestnut Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05128 E 05128

CERTIFICATE OF DEATH.

17-1 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. (T.B.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nobie Covington

(a) RESIDENCE NO. 1318 Druid Hill ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Martin Covington

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Maggie Brister

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records (Address)

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

DEC 30 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29, 19 25

17

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1925, to Dec. 29, 1925,

that I last saw her alive on Dec. 29, 1925,

and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) W. C. McLane Jr., M. D.

12-29-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hamlet N. C.

DATE OF BURIAL 12-30 1925

20 UNDERTAKER George T. A. Gibson

ADDRESS 1733 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 05129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST., 13 WARD)

2-FULL NAME Mrs. Bessie Rowe

(a) RESIDENCE NO. 821 Woodward ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): North East Md.

PARENTS

10 NAME OF FATHER: Jos B. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Philadelphia Pa

12 MAIDEN NAME OF MOTHER: Mary E. Bryson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North East Md.

14 Informant: James A Rowe

(Address): 821 Woodward St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 22, 1925, to Decemb 28, 1925, that I last saw h alive on Dec 28, 1925, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Lung Infarction

(duration) Two Weeks yrs. mos ds.

CONTRIBUTORY (Secondary) Streptococcus Viridans Endo-Carditis Infectious Arthritis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Tests

(Signed) M. a. Jacobs, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: North East Md. DATE OF BURIAL: Dec 30 1925

20 UNDERTAKER: Clarence A Tompkins ADDRESS: 2214 E Lanvale

REGISTRAR'S RECORD

BURIAL PERMIT CLERK.

IMPORTANT. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital W-2 WARD)

REGISTERED NO. E 05130

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie Monroe

(a) RESIDENCE NO. Sparrow Point ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 4 1902

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel Co

(c) Name of employer Sparrow Point

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Alexander Monroe

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Betsy Ann Carnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Sandy Monroe
(Address) Sparrow Point

15 Filed DEC 30 1925 ROBERT N. KRAUTER, Burial Permit Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1925 to Dec. 29, 1925.

that I last saw him alive on Dec. 28, 1925,

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Myocarditis and Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) John W. Gaines, M. D.

12/29/1925 (Address) 1613 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West End M.C. (Penn RR.) — DATE OF BURIAL: Dec 30 1925

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

PRINT in very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05131

E 05131

38

CERTIFICATE OF DEATH.

Registered No. 141

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Parks

(a) Residence No. 1810 McCollough St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Cassie Parks

6-DATE OF BIRTH (month, day and year): 1880

7-AGE: 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Jessie Parks

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Martha Jones

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va

14- (Informant) Baltimore City Hospitals

(Address) Records

15- Filed ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 29, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to Dec 29, 1925

that I last saw him alive on Dec 29, 1925

and that death occurred, on the date stated above, at 1:45 P.M.

The CAUSE OF DEATH* was as follows:

Central Nervous System Syphilis (Visitary)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 15 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

12/29, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Wellsville Lancaster Co Va

DATE OF BURIAL: Dec 30, 1925

20-UNDERTAKER: Mrs James H. Dennis per T. C. Nelson

ADDRESS 1303 Presstman St

ROBERT H. KRAPFLER
Asst. Records Officer

Spec.—1-12-23—M&T—500 Blks.

E 05132 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 E 05132

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2017 Bank. St. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Schlosser

(a) RESIDENCE No. 2017 Bank. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred. Schlosser

6 DATE OF BIRTH (month, day, and year): Sept. 12 1842

7 AGE — Years: 83 Months: 3. Days: 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Jos. Stroh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Anna Barnes

(Address): 2017 Bank St.

15 Filed DEC 30 1925, 19 ROBERT R. KRAUTER Registrar Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1925, to Dec. 28, 1925, that I last saw her alive on Dec. 28, 1925, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary): Cardiac failure

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Irvine Feinberg, M. D.

12/29, 1925 (Address) 2401 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Dec 31 1925

20 UNDERTAKER: Geo M. Funk & Son

ADDRESS: 811 N. Wolfe

Spec.—1-10-21—M&T—1500 Bks.

E 05133

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05133

CERTIFICATE OF DEATH.

74-001 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 946 Mintwood St. (9-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lydia M. Schubert

(a) RESIDENCE NO. 946 Mintwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1- 1873

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
5	6.	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Portland

PARENTS

10 NAME OF FATHER Chas E. Schubert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lydia M Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Portland

14 Informant Louis W. Gray

(Address) 946 Mintwood St

15 Filed ....., 19.... ROBERT N. KRAUTER Burial Permit Clerk Registrar

DEC 30 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 1925, to Dec 28 1925,

that I last saw h alive on Dec 28 1925

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman, M. D.

19 (Address) 2107 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional notice.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec 30 1925

20 UNDERTAKER Clark Sykes

ADDRESS W. 4th St

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05134 129 E 05134

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 201 N. Carey ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lola M. Taylor

(a) RESIDENCE NO. 201 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grunlof Taylor

6 DATE OF BIRTH (month, day, and year) June 30, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbott County, Md

PARENTS

10 NAME OF FATHER Canis Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbott Co. Md

12 MAIDEN NAME OF MOTHER Edgell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Grunlof Taylor (Address) 201 N. Carey St.

15 Filed DEC 30 1925, 19 ROBERT R. [illegible] Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1925 to Dec. 29, 1925 that I last saw h alive on December 29, 1925 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy — 2nd attack

(1st stroke 2 mos previous)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Chr Brights Dis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry E. Wilson, M. D.

, 19 (Address) 83 W. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemy	Dec 31 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	120 N. Fayette

Keep this very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 05135

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05135

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Hospital 10-5 REGISTERED NO. 49

CITY OF BALTIMORE: (No. ..... ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Florence C. Milter

(a) RESIDENCE NO. Woodbine Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Wh	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jany. 17-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Chas H. Milter.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany -

12 MAIDEN NAME OF MOTHER Anna C. Bonsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Herman Milter,
(Address) Woodbine, Maryland.

15 Filed ....., 19 .....
ROBERT R. KRAUTER
Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1925, to Dec. 30, 1925, that I last saw her alive on Dec. 30, 1925, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Sarcoma of the neck —
(probably Lymphosarcoma in type)

(duration) yrs. 2½ mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage + Strangulation

(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No - Section removed for microscopy

What test confirmed diagnosis? None as yet

(Signed) Geo. D. Lehey, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster, Md. Morgan Chapel Cemetery,

DATE OF BURIAL Jany 1st 1926.

20 UNDERTAKER C. M. Watts

ADDRESS Winfield, Md.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05136 E 05136

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 Harlem Ave ST., 16-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Winfield Scott Butler Jordan

(a) RESIDENCE NO. 2708 Harlem Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary B. Jordan.

6 DATE OF BIRTH (month, day, and year) Feb-16-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cleck. 009

(b) General nature of industry, business, or establishment in which employed (or employer) Lace + embroidery

(c) Name of employer Moss + Kemper.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Jordan.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Kelly.

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Walter Hedges Romaay.
(Address) 2708 Harlem ave.

15 Filed ....., 19 ..... Registrar

DEC 30 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 29 1925

17

I HEREBY CERTIFY, That I attended deceased from June 21 1925, to December 29 1925, that I last saw him alive on December 26 1925, and that death occurred, on the date stated above, at 3:40 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) — yrs. 8 mos — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Riland, M. D.

12-29-1925 (Address) 2532 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Sec. — DATE OF BURIAL 31 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fay

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-19-21—M&T—1500 Bks.

E 05137 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05137

134-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Loeffler

(a) RESIDENCE NO. 621 Washington Blvd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs A Loeffler

6 DATE OF BIRTH (month, day, and year) Nov. 6, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Piano Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Loeffler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Krumpe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Albert Loeffler 621 Washington Blvd

15 U 1025 Filed , 19 Robert F. Norris Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29-25

17

I HEREBY CERTIFY, That I attended deceased from 12-3-25 to 12-29-25,

that I last saw h alive on 12-29-25,

and that death occurred, on the date stated above, at 3.20 a.m.

The CAUSE OF DEATH* was as follows:

Uraemia Nephritis. Chronic Cellulitis & Scrotum Thru & Gangrene

(duration) yrs. mos 27 ds.

CONTRIBUTORY (Secondary) Sepsis & Bronchitis

(duration) yrs. mos. 27 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Kemperman, M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL 12-31 19 25

20 UNDERTAKER Harry L. Witzke ADDRESS 1531 W. Fayette

Spec.—1-12-23—M&T—500 Bks.

E 05138

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05138

CERTIFICATE OF DEATH.

REGISTERED NO. 3N

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Burrell

(a) RESIDENCE NO. 1606 W. Lanvale st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Jim Burrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed ..., 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1925, to Dec. 26, 1925, that I last saw him alive on Dec. 26, 1925, and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculosis of genito-urinary tract (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.

12-26-25, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

DEC 30 1925

Registrar's Record

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05139 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05139

CERTIFICATE OF DEATH. 26-7 49

1-PLACE OF DEATH Baltimore City Hospitals, Registered No.....

City of BALTIMORE: (No. Baltimore, Md. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Egger,

(a) Residence No. Bay View Asylum. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, White,

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1847.

7-AGE. 78 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Inmate.

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore, Md. (State or Country).

PARENTS.

10-NAME OF FATHER, Henry H. Egger,

11-BIRTHPLACE OF FATHER (city or town) Germany. (State or Country),

12-MAIDEN NAME OF MOTHER, Catherine ?.

13-BIRTHPLACE OF MOTHER (city or town) Germany. (State or Country),

14- (Informant) Hospital Records.

(Address) Baltimore City Hospital

15- Filed ..... 192? Robert P. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-26-25.

17- I HEREBY CERTIFY, That I attended deceased from 12-22-25. 19.... to 12-26-25. 19.... that I last saw him alive on 12-26-25. 19.... and that death occurred, on the date stated above, at 2:30 m.

The CAUSE OF DEATH* was as follows: P.M.

Far advanceed carcinoma of the posterior wall of the urinary bladder

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia.

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes. Date of 12-24-25 Supra-pubic cystotomy.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical and Lab. Tests.

(Signed) Chas P. Chaney M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, DATE OF BURIAL, ..., 19...

20-UNDERTAKER. ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health, DEC 30 1925

E 05140

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05140

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1105 Parrish alley Ward) 16-6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Burroughs

(Residence in Baltimore: No. 1105 Parrish alley St.; yrs.....mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	Colored	single

6-DATE OF BIRTH. Dec. 28, 1925
(Month) (Day) (Year)

7-AGE	If LESS than 1 day
.....yrs.....mos. 1 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, Jarrett Burroughs

11-BIRTHPLACE OF FATHER, (State or Country), S. C.

12-MAIDEN NAME OF MOTHER, Jane Perkins

13-BIRTHPLACE OF MOTHER, (State or Country), S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jarrett Burroughs

(Address) 1105 Parrish alley

15- Robert F. Hart M.D.

Filed ..... 192.....

Burial Permit Cl... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec, 28, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, Autopsy or Inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus Neonatum ovale

(Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) E. T. Hennessy M. D.
(Coroner.)

Dec 29, 1925. (Address) 28 S. Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
	..... 19....

20-UNDERTAKER,	ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 05141 E 05141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1045 N. Central Ave ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Louise~~ M. Weipert

(a) RESIDENCE NO. 1045 N. Central Ave ST., 10 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 3 mos. 26 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 4 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER John. C. Weipert

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Cecilia E. Petry

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Mr. John C. Weipert
(Address) 1045 N. Central. ave.

15 Filed ..... 19 .....
Registrar

0 1925 Robert P. [illegible]

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1925, to Dec. 30, 1925, that I last saw h alive on Dec. 29, 1925, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Diphtheria (toxic)

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Post diphtheritic paralysis Pneumogastric

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. Pickrell, M. D.

12/30/1925 (Address) 701 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec 31 1925
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

NOTE—Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05142

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH St Joseph's Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Caroline & Oliver Sts ST., 96 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Simon.

(a) RESIDENCE NO. 1717 Aiken ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Simon.

6 DATE OF BIRTH (month, day, and year) Not Known 1875

7 AGE 50	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Austria Hungria.

PARENTS

10 NAME OF FATHER Anthony Heidecker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria Hungria

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria Hungria.

14 Informant Daughter - Rose Simon.

(Address) 1717 Aiken St.

15 Filed ....., 19 Robert F. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 16, 1925, to Dec 29, 1925,

that I last saw h[illegible] alive on Dec 29, 1925,

and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

~~Bilateral Broncho pneumonia~~

a Acute appendicitis - Peritonitis -

Toxic Gastritis.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bilateral Broncho Pneumonia.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At Home (appendicitis)

Did an operation precede death? yes Date of 12/17/25

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Clement R. Norris, M. D.

, 19 (Address) St Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	1/2 1926

20 UNDERTAKER Harry R. Eckman ADDRESS 229 Aiken St.

FROM is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05143 — 11-6 E 05143

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2035 E Hoffman St. 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia E. McEnnerick

(a) RESIDENCE. No. 2035 E Hoffman ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? 27 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Herman Mennerick

6 DATE OF BIRTH (month, day, and year) Unk 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Md

PARENTS

10 NAME OF FATHER W. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Herman Mennerick
(Address) 2035 E Hoffman St

15 Filed ....., 19.... Edward F. Merriken, Registrar

30 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27 19 25

17 I HEREBY CERTIFY, That I attended deceased from 12/25, 19 25, to 12/27, 19 25, that I last saw h[er] alive on 12/27, 19 25, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Influenza & Lobar Pneumonia

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Heart failure & collapse

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N O Date of

Was there an autopsy? N O

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) Dr. D. Rutledge, M. D.

, 19 (Address) 1628 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 31 19 25
20 UNDERTAKER	ADDRESS
Peter Nicolaus	2060 Eastern Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05144 E 05144

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 William St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nelson R. Hales

(a) RESIDENCE NO. 1510 William ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hales

6 DATE OF BIRTH (month, day, and year) Jan. 7 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... mtn.
	65	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md. Agr. Ferl.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Franklin Hales

11 BIRTHPLACE OF FATHER ~~(city or town)~~ (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Anne Dennis (Address) 1510 William St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12.29. 1925

17 I HEREBY CERTIFY, That I attended deceased from 12.10. 1924, to 12.29. 1925

that I last saw him alive on 12.28 1925

and that death occurred, on the date stated above, at 4.30A m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

Chronic Nephritis.

Uremia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Physicial exam & laboratory

What test confirmed diagnosis?

(Signed) J. Edward Norris, M. D.

12-29-1925 (Address) 107 East Mass ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL Dec 31 1925

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1427 Eight

IMPORTANT. See instructions on back of certificates.

Robert F. Griffith

30 1925 Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05145

CERTIFICATE OF DEATH.

89 E 05145

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 841 W. North Ave St. 14 W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Kent Jump

(a) RESIDENCE NO. 841 W. North Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella W. Jump

6 DATE OF BIRTH (month, day, and year) April 1, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Easton (State or country) Md.

PARENTS

10 NAME OF FATHER Alfred Jump

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Wilhemina Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Ella Jump (Address) 841 W. North Ave

15 Filed DEC 31 1925, 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 28th, 1925, to Dec. 28th, 1925; that I last saw him alive on Dec. 28th, 1925, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis, causing Hemiplegia

(duration) yrs. 3 mos 7 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No, Date of X

Was there an autopsy? No,

What test confirmed diagnosis? X

(Signed) Clarence C. Price M. D.

12-30-1925 (Address) 1705 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Dec 31 1925

20 UNDERTAKER Wm Pickrell Sons ADDRESS Rockville

FOR A VERY IMPORTANT: See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05146

CERTIFICATE OF DEATH.

19-1 100-001

E 05146

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 311 N. Gilmor St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Kate Crawford

(a) Residence No. 311 N. Gilmor St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of John Crawford

6-DATE OF BIRTH (month, day and year) Dec 11, 1861.

7-AGE. 64 yrs. 0 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer). Home work

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Essex Co Va.

PARENTS.

10-NAME OF FATHER, John Davis

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Polly Lee

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

11-Informant Lucinda Davis

(Address) 824 Woodyear St.

15-Filed ..... 192.. Registrar.

DEC 31 1925 HUBERT R. KRAUTER, Health Department Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 30, 1925

17. I HEREBY CERTIFY, That I attended deceased from Dec 24 1925 to Dec 30 1925

that I last saw her alive on Dec 29 1925

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical - Symptoms

(Signed) Wm. H. Wright M. D.

Dec 30 1925 (Address) 120 Preston St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Essex Co Va

DATE OF BURIAL, June 1 1926

20-UNDERTAKER. Sam'l H. Evans Son

ADDRESS Fulton Station

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05147 ✓ 146

CERTIFICATE OF DEATH.

E 05147

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 406 N Bruce ST., 14-1 WARD)

2-FULL NAME Bessie N. West

(a) **RESIDENCE NO.** 406 N. Bruce ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John West

6 DATE OF BIRTH (month, day, and year) Dec 15, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	34	0	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer — O+I

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Jim Haywood,

11 BIRTHPLACE OF FATHER (city or town) W. River (State or country) Md

12 MAIDEN NAME OF MOTHER Cora Talbert

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Edna Richardson
(Address) 238 N Mount

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

DEC 31 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Decr 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from Decr 23, 1925, to Dec 29, 1925, that I last saw h[illegible] alive on Dec 23, 1925, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W W Howell, M. D.

12, 1925 (Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Dec 31 1925

20 UNDERTAKER Sam'l A Chase & Son — ADDRESS 1400 Madison

E 05148

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

CERTIFICATE OF DEATH.

E 05148

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 15-12 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Charles Barnes

(Residence in Baltimore: No. 1814 Lorman St. Life St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	Single

6-DATE OF BIRTH, about 1902
(Month) (Day) (Year)

7-AGE, 3 yrs. mos. ds. If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Arthur Barnes

11-BIRTHPLACE OF FATHER, (State or Conntry), Md.

12-MAIDEN NAME OF MOTHER, Martha Taylor

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Barnes

(Address) 1814 Lorman St.

15-

Filed..... 192.....

KUBERT R. KRAUTER, Registrar.

DEC 31 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec, 28, 1925
(Mouth) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inq (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd. degree burns of body
Coal oil & Stove explosion

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

Dec. 29 1925 (Address) 2802 Edmondson Av.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Antioch Cemetery — DATE OF BURIAL, Dec 31, 1925

20-UNDERTAKER, Robt A Chilcoat — ADDRESS 1515 McElderry

E 05149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05149

1-PLACE OF DEATH City of BALTIMORE: (No. Mer Hosp, St. 10-2 Ward) 90

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Scott

(Residence in Baltimore: No. 421 N Central St.; 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: C

5-~~Single~~, Married, Widowed, or ~~Divorced~~, (Write the word.): M

6-DATE OF BIRTH: about (Month) (Day) 1883 (Year)

7-AGE: 42 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: 040
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country): Dc

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Chas McDaniel

(Address) 424 Wayson ST

15-

Filed DEC 31 1925 19.. ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec (Month) 27 (Day) 25 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Cardiac Dil

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. E. Radcliffe M.D. (Coroner.)

Dec 31 1925 (Address) Coroner at Large

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Dec 31 1925

20-UNDERTAKER: Robert Williams — ADDRESS: 1115 W Edmondson St

Cor.—1-12-23—M&T—100 Bka.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05150

CERTIFICATE OF DEATH.

66

E 05150

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 825 Bevan St. ST. 77-1 WARD)

2-FULL NAME Charles Scott Brantem (C)

(a) RESIDENCE NO. 825 Bevan St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Alice Scott.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Annapolis, Md

PARENTS

10 NAME OF FATHER Samuel S.Brantem.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis Md.

12 MAIDEN NAME OF MOTHER Mary Wright.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Annie Branford.(C)sister

(Address) 110 Calvert St. Annapolis Md.

15 Filed ..... 192 ..... ROBERT R. KRAUTER, Registrar

DEC 31 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 26, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.

(Coroner.)

Dec, 30, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 12/31 1925

20 UNDERTAKER Samuel Hemsley ADDRESS 528 Bdle

Spec.—1-10-21—M&T—1500 Bks.

E 05151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 05151

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 121 Scott St ST. 18-3 WARD)

2-FULL NAME Nora A Carr,

(a) RESIDENCE NO. 121 Scott St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. — mos. — ds. How long in U. S., If of foreign birth? 26 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert P. Carr,

6 DATE OF BIRTH (month, day, and year) May. 15. 1879

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
46	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Housework.

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Ireland,

PARENTS

10 NAME OF FATHER Daniel Burns.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Robert P. Carr.

(Address) 121 Scott St.

15 Filed DEC 31 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30. 1925.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15. 1925. to Dec 30. 1925.

that I last saw h e alive on Dec. 30. 1925.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis.

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary) none,

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Examination.

(Signed) Chas. Norton, M. D.

12/31/25 (Address) 8888 N. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Jan 2 1926

20 UNDERTAKER Geo Leimbach & Son — ADDRESS 647 N. Pratt

Answer all questions in full. Use instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05152

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05152

CERTIFICATE OF DEATH.

REGISTERED NO. 1001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 351 Eastender ST.: 76 WARD 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Murphy

(a) RESIDENCE. No. 351 546 Eastend ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Belle Doran (Address) 624 E. Eastend Ave

15 Filed ..... 19 ..... Registrar

DEC 31 1925 ROBERT R. KRAETER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/24, 1925, to 12/31, 1925, that I last saw h[illegible] alive on 12/30, 1925, and that death occurred, on the date stated above, at 4.50 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

Congestion of Lungs (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos A. Dale, M. D.

12/31, 19 25 (Address) 3321/2 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 2 26
20 UNDERTAKER Geo. W. Little	ADDRESS 2700 Edmondson Ave

Cor.—1-12-23—M&T—100 Bks.

E 05153

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-5 74 001

E 05153

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Malthan

(a) RESIDENCE NO. 2048 Harlem Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

5a If married, widowed, or ~~divorced~~ HUSBAND of ~~WIFE~~ Mary A. Malthan.

6 DATE OF BIRTH (month, day, and year) March 15, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Freight clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Clyde Steamship Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Harry Malthan. (son)

(Address) 2048 Harlem Ave.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 28, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Fenhauck (Coroner) M. D.

Dec, 29, 1925 (Address) 1017 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem DATE OF BURIAL 12-31 1925

20 UNDERTAKER Mrs Chas A G Rohde ADDRESS 600 N Ada Ave

ROBERT E. KRAUSE
Chief Records Clerk

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05154

101-001

E 05154

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S Hanover ST. 22-1 WARD)

2-FULL NAME Dr Lia Cornelia Gray Mattingley

(a) RESIDENCE NO. 514 S Hanover ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William L Mattingley

6 DATE OF BIRTH (month, day, and year) Oct-17-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work @ home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Calvert Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Benjamin Gray

11 BIRTHPLACE OF FATHER (city or town) Calvert Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Mary L. Pitcher
(Address) 514 S Hanover St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30 19 26

17 I HEREBY CERTIFY, That I attended deceased from 12/28, 19 26, to 12/30, 19 26.

that I last saw her alive on 12/30, 19 26,

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Dan Francheim, M. D.

12/30, 19 26 (Address) 122 N. Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvert Co St Pauls Methodist Cem — DATE OF BURIAL Jan 2 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05155

100-001

E 05155

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 19-1 Ward)

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

2-FULL NAME... Rebanna Cohen

(a) Residence No... 1637 Edmondson Ave St., ... Ward.....

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) Feb. 1, 1853

7-AGE, 72 yrs. 10 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Atlantic City, N.J.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Baltimore City Hospitals Records

(Address).....

15- Filed....., 192.... ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 29, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1925 to Dec. 29, 1925, that I last saw her alive on Dec. 29, 1925 and that death occurred, on the date stated above, at 5:25 p.m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W Kindsay Miller M. D.

12/30, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet

DATE OF BURIAL, Jan 1 1926

20-UNDERTAKER. William Cook

ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Bks.

Marie Ehatt

E 05156

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 05156

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2557 W. Baltimore St. ST. 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Ehatt

(a) RESIDENCE NO. 2557 W. Baltimore St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Ehatt

6 DATE OF BIRTH (month, day, and year) Sept. 17, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Adam Anstett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Adam Ehatt (Address) 2557 W. Baltimore St

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1925, to Dec. 29, 1925,

that I last saw her alive on Dec. 29, 1925

and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 5 Yrs.

Senile Dementia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward O. Cuculuces, M. D.

, 19 (Address) [illegible] N. Fulton Ave. City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Hill	Dec 31 1925
20 UNDERTAKER	ADDRESS
J. B. Wagner	1850 N. Bond St

E 05157

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05157

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp St. 166 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Thomas

(Residence in Baltimore: No. 1806 T. St. Wash. D. C. St.; yrs.....mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH, About 1877
(Month) (Day) (Year)

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Soldier
(b) General nature of industry, business, or establishment in which employed (or employer)..... U.S.

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Richard Thomas

11-BIRTHPLACE OF FATHER, (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Marion Pollet

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Stephens

(Address) 804 Bond St.

15-

Filed ..... 192..... ROBERT P. KRAUTER

DEC 31 [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 29, 1935
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus
(an automobile accident)

(Duration) .....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary) fracture of arm

(Duration) .....yrs.....mos.....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Dec. 29 1935 (Address) 250 W. Lanvale St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Washington Mc.	Dec. 31 1935
20-UNDERTAKER.	ADDRESS
Mrs. P. G. Elliott	1725 Eastland Ave.

Spec.—1-10-21—M&T—1500 Blks.

E 05158

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-001

E 05158

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 South Carey ST. 18-1 WARD)

2-FULL NAME Anthony David Murray

(a) RESIDENCE NO. 29 South Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 22-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10 NAME OF FATHER Anthony Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Iowa

12 MAIDEN NAME OF MOTHER Anna Bishop

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Iowa

14 Informant Margarate Rolston
(Address) 29 South Carey St

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1925

17 I HEREBY CERTIFY That I attended deceased from Dec 29, 1925, to Dec 30, 1925, that I last saw him alive on Dec 29, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis.

(duration) About 10 mos 10 ds.

CONTRIBUTORY (Secondary) None

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry C. Hale M. D.

Dec 31. 1925 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Adrian — DATE OF BURIAL 12-31-1925

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. N. Ave

Cor.—1-12-23—M&T—100 Bks.

E 5159 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 5159.

CERTIFICATE OF DEATH. 181-001

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 1924 Christian St. 20-5 WARD)

2-FULL NAME Charles F. Kirsch

(a) RESIDENCE NO. 1924 Christian ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Kirsch

6 DATE OF BIRTH (month, day, and year) Jan 4th 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Charles Kirsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Grimmel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Martha Kirsch (Address) 1924 Christian St

15 Filed ....., 192.... ROBERT B. KRAUTER Registrar

DEC 31 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxiation by Illuminating Gas

Found Dead (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gas Jet on

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Horton, M. D. (Coroner.)

Dec 30th 1925 (Address) Curtis Bay.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Kloman Cemetery	Dec 31 1925
20 UNDERTAKER	ADDRESS
George L. Schnatz	101 Undertaker

Spec.—1-10-21—M&T—1500 Bks.

E 05160 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 05160

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Spring ST. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Jenkins

(a) RESIDENCE NO. 17 N. Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Naomi Monroe Jenkins

6 DATE OF BIRTH (month, day, and year) Oct 27 1900

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md (State or country)

PARENTS

10 NAME OF FATHER John Jenkins

11 BIRTHPLACE OF FATHER (city or town) Baltimore md (State or country)

12 MAIDEN NAME OF MOTHER Eva Barkley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Florence Jenkins (Address) 217 E 1st St

15 Filed DEC 31 1925 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 20, 1925 to Dec 27, 1925, that I last saw h[illegible] alive on Dec 27, 1925, and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia Secondary to Acute Pulmonary Phthisis (duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory Physical

(Signed) Geo E. Allen, M. D.

12-30 19 25 (Address) 508 Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel County — DATE OF BURIAL 12-31 1925

20 UNDERTAKER Byron C Wright — ADDRESS 1218 W Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05161

CERTIFICATE OF DEATH.

× 70 E 05161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Holdsheb

(a) RESIDENCE No. Washington Blvd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, ~~Married, Widowed, or Divorced~~ (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	1	2/14.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ND

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westernport Md.

PARENTS

10 NAME OF FATHER Robert Holdsheb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Francis Parish

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va

14 Informant Hospital Record (Address)

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

DEC 31 1925 Medical Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31, 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-30- , 1925 , to 12-31- , 1925 ,

that I last saw him alive on 12-31- , 1925 ,

and that death occurred, on the date stated above, at 3 45 a m.

The CAUSE OF DEATH* was as follows:

Aspirated Piece of Coal.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Aspiration Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Bronchoscopic removal of Coal Date of 12-30-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Op.

(Signed) W P Bryand, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Piedmont W Va — DATE OF BURIAL 12/31/25

20 UNDERTAKER Hoye & Ensley Keyser — ADDRESS

Floyd

05162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05162

1-PLACE OF DEATH Colored Hospital Registered No. C.....

City of BALTIMORE: (No. ..... St., 16-7 Ward) 1929

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Dora Floyd .....

(Residence in Baltimore: No. 622 Gilbert St.; yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	

6-DATE OF BIRTH..... February 2, 1919
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
6 yrs. 10 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Edward Floyd

11-BIRTHPLACE OF FATHER, (State or Country), Accomac Co, Va.

12-MAIDEN NAME OF MOTHER, Nubia Wickes

13-BIRTHPLACE OF MOTHER, (State or Country), Camden N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Floyd

(Address) 622 Gilbert St

15-

Filed ..... 192.....

FEB 3 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd degree burns of body (Coal oil stove exploded)

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) (accidental)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessey M. D.
(Coroner.)

Dec. 29, 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Zion Cemetery	Jan 1, 1926

20-UNDERTAKER,	ADDRESS
Mrs. Kate R. Williams	527 N. Schroeder St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05163

CERTIFICATE OF DEATH.

90 ✓ E 05163

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 N. Bond ST., 8th WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda S. Schloer.

(a) RESIDENCE NO. 1708 N. Bond ST., 8th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Frederick W. Schloer

6 DATE OF BIRTH (month, day, and year) Oct. 24th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Koerner.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotte Bucking

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charlotte E. Maiberg. (Address) 1708 N. Bond St

15 Filed DEC 31 1925 19 ROBERT P. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1925, to Dec 29, 1925, that I last saw him alive on Dec 28 1925, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic valvular disease of Heart (duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No.

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John W. Anderson M. D.

19 (Address) 1714 N. Carolina Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL Dec 31st 1925

20 UNDERTAKER Lilly + Zeiler

ADDRESS 4033 Wash Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128

E 05164

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Gordon ave ST., 11-2 WARD)

2-FULL NAME Ella Thornton

(a) RESIDENCE NO. 917 Gordon ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Thornton

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	47.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Market

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Edward Thornton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Ella Thornton 917 Gordon ave

15 Filed DEC 31 1925, 19 ... Registrar ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28/25

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19th, 1925 to Dec 28th, 1925 that I last saw alive on Dec 27th, 1925 and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows: Acute Nephritis

(duration) yrs. 1 mos 14 ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

(Address) 924 Park ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery DATE OF BURIAL Dec 31 1925

20 UNDERTAKER Joseph T. H. Rochester ADDRESS 1417 Jefferson st

Spec.—1-12-23—M&T—500 Bks.

E 05165

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 05165

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Elliott ST. 1-3 WARD)

REGISTERED No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME John Rudnicki

(a) RESIDENCE NO. 2712 Elliott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced, HUSBAND of or) WIFE of Antonina Rudnicka

6 DATE OF BIRTH (month, day, and year) Sep 20 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Antonina Rudnicki

(Address) 2712 Elliott st

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 27 1925 to Dec 29 1925

that I last saw him alive on Dec 29 1925

and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J Rysanek M. D.

(Address) 80 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem — DATE OF BURIAL Jan 2 1926

20 UNDERTAKER John McWeber — ADDRESS 1803 Bank

ROBERT N. KRAUTER

DEC 31 1925

Burial Permit

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05166 — CERTIFICATE OF DEATH. — E 05166

27-5-90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Wylie Cor & Westerton Rd. ST., 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Charles Geraldus Toill

(a) RESIDENCE No. Wylie Ave ST., 26 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 16 yrs. 1 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Mabel Painter Toill

6 DATE OF BIRTH (month, day, and year) Oct-30-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician 054

(b) General nature of industry, business, or establishment in which employed (or employer) Medicine

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Louisburg (State or country) N. C.

PARENTS

10 NAME OF FATHER Major D. S. Toill

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) Georgia

12 MAIDEN NAME OF MOTHER Susan Poole

13 BIRTHPLACE OF MOTHER (city or town) Tarboro (State or country) N. C.

14 Informant Mrs. Gladys Toill - (daughter-in-law) (Address) Wylie Ave - City

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Dec. 30, 1925, that I last saw him alive on Dec. 30, 1925, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation

unknown. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Wylie ave & Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Thomas - Garrison Forest - Md

DATE OF BURIAL: Jan 1 1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05167 × 88 E 05167

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 2800 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (a) Mary Barlow

(a) RESIDENCE NO. Mt Hope Retreat ST. 2800 WARD Hartford Conn

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. 42 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873 (?)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Abt	52	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Religious 065

(b) General nature of industry, business, or establishment in which employed (or employer): Religious Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hartford Conn

PARENTS

10 NAME OF FATHER: Herbert Barlow

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country): Ireland

14 Informant: Records Mt Hope Retreat

(Address): Mt Hope Retreat

15 Filed DEC 31 1925, 19 ..... RUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30th 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1925, to Dec 30th, 1925, that I last saw her alive on Dec 30th, 1925, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

Abt (duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Acute Nasal Bronchitis

(duration) 0 yrs. 0 mos 21 ds.

18 Where was disease contracted if not at place of death? Hartford Conn.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

Dec, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hartford Conn — DATE OF BURIAL: Dec 31 1925

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05168 90 E 05168

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat (St.) 26th (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Catherine Clabby

(a) RESIDENCE NO. Mt Hope Retreat ST. 25th WARD Washington D.C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? 79 yrs. 0 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12 - 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	79	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Govt Clerk - 009

(b) General nature of industry, business, or establishment in which employed (or employer) Clerking -

(c) Name of employer Government (U.S)

9 BIRTHPLACE (city or town) (2) (State or country) Ohio

PARENTS

10 NAME OF FATHER Luke Clabby

11 BIRTHPLACE OF FATHER (city or town) (2) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Kelly

13 BIRTHPLACE OF MOTHER (city or town) (2) (State or country) Ireland

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Retreat -

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 20 - , 1925, to Dec 30th, 1925, that I last saw her alive on Dec 30th, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Val. Disease of Heart (contrib.)

Post Senile Atheroma -

abt (duration) 3 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Senile Insolvency -

abt (duration) 2 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Wash - D.C -

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Frank J Flannery, M. D.

Dec 30, 1925 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Dec 31/ 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Blks.

185-6 35 16 05169 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05169

CERTIFICATE OF DEATH.

+ 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hosp. ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F Flemm P.

(a) RESIDENCE No. 319 West End Ave. ST., WARD

(Usual place of abode) Cambridge, Md. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Orderly

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ohio (State or country)

PARENTS

10 NAME OF FATHER Benj. Flemm

11 BIRTHPLACE OF FATHER (city or town) Ohio (State or country)

12 MAIDEN NAME OF MOTHER Ida Johnson

13 BIRTHPLACE OF MOTHER (city or town) Ohio (State or country)

14 Informant Recor Hosp. John Hopkins (Address)

15 Filed ....., 19 ..... Registrar

ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 17th, 1925 to Dec. 30th 1925; that I last saw he alive on Dec. 30th 1925; and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Subacute Bacterial Endocarditis

(Streptococcus Viridans)

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Rheumatic endocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home - Cambridge Md

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood cultures

(Signed) ~~David~~ Louis E Martin M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md. DATE OF BURIAL 12-31 1925

20 UNDERTAKER E R Hooper ADDRESS 115 E Wash St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05170

CERTIFICATE OF DEATH.

16-002 E 05170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Alston

(a) RESIDENCE NO. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 20, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ø

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Calvin Alston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eva Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant W. E. Swan (Address) Johns Hopkins Hospital.

15 Filed ..... 19 ..... ROBERT P. KRAUER, Registrar

DEC 31 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1925, to Dec. 23, 1925, that I last saw him alive on Dec. 23, 1925, and that death occurred, on the date stated above, at 7 00 P. m.

The CAUSE OF DEATH* was as follows:

Intra cranial hemorrhage

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) W. E. Swan, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

Spec.--1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05171

CERTIFICATE OF DEATH.

31

E 05171

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Curley ST., 7-3 WARD)

2-FULL NAME Millard Heuman

(a) RESIDENCE NO. 524 N. Curley ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Heuman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Emil Heuman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Mary Blaha

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Ida Heuman
(Address) 524 N. Curley St

15 Filed: ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1925

17

I HEREBY CERTIFY, That I attended deceased from November 2-3 1925, to December 29 1925, that I last saw him alive on December 29 1925, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Hemmorrhage of Lung
Tuberculosis

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs (duration) ... yrs. 7 mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Wiseman

(Signed) Dr. L. W. Kennard, M. D.

12-30 1925 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — DATE OF BURIAL Jan 1 1926

20 UNDERTAKER Frank Crook Son — ADDRESS 1906 Eutaw Place

DEC 31 1925 ROBERT R. KRAMER
BUREAU OF VITAL STATISTICS

Cor.—1-12-23—M&T—100 Bks.

E 05172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 E 05172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 Ashland Ave ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Herold

(a) RESIDENCE No. 2308 Ashland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Herold

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer & Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) Self 034
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER John Herold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Sophie Herold
(Address) 2308 Ashland Ave

15 Filed , 192 Burial Permit Clerk.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemorrhage-Pistol shot into brain-right Temple -Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) ? yrs. mos. ds.

(Signed) J. H. Waller, M. D.
(Coroner.)

12/30/25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 2 192 6
20 UNDERTAKER	ADDRESS
Flinn Crook Son	1906 Gorsuch Ave

Spec.—1-10 21—M&T—1800 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05173 CERTIFICATE OF DEATH. 90 E 05173

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (NO. BALTIMORE CITY HOSPITALS ST.) 15-7 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter L. Harman

(a) RESIDENCE NO. 29 29 Walbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	72 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Littleton Harman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Charlotte Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1925, to Dec. 29, 1925, that I last saw him alive on Dec. 29, 1925 and that death occurred, on the date stated above, at 5-9 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic myocarditis
(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. mos. 1 hr.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller, M. D.

12/31 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

DEC 31 1925 ROBERT R. KRAUTER Health,

Registrar Dr. Wm. E. Woodcock

100

Cor.—1-12-28—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05174

CERTIFICATE OF DEATH.

161-001 E 05174

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 E.Fayette ST. 5-1 WARD)

2-FULL NAME Baby Johnson

(a) RESIDENCE NO. 1427 E. Fayette ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Dec 28/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

10 NAME OF FATHER James Caloman

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Lillian Johnson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

14 Informant Lillian Johnson
(Address) 1427 E. FayetteSt

Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Miller, M. D.
(Coroner.)

12/30/25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... da. In the State ..... yrs., ... mos., ... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 192

20 UNDERTAKER .....

ADDRESS .....

Commissioner Health.

1003

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05175

CERTIFICATE OF DEATH.

38 E 05175

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals.

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Davis,

(a) RESIDENCE NO. 1014 Nursery Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Davis

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

15 Filed DEC 31 1925 ROBERT R. KRAUTER, Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1925, to Dec. 30, 1925, that I last saw him alive on December 29, 1925 and that death occurred, on the date stated above, at 8.40 A.m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Redmond M.D.

12/30/25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Jan 2 1926

20 UNDERTAKER Chas. H. Johnson — ADDRESS 416 N. Carolina St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05176

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05176

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hopkins Apts

City of BALTIMORE: (No. St Paul & 31st St., 123 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Cornelia Grape

(a) Residence No. St Paul & 31st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Grape

6-DATE OF BIRTH (month, day and year) May 22-1844

7-AGE. 81 yrs. 7 mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At home

(b) General nature of industry, business, or establishment in which employed (or employer). —

(c) Name of employer. —

9-BIRTHPLACE (city or town) (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Henry Allen

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER Sarah Willis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Maryland

14- (Informant) Mrs Letsworth

(Address) Hopkins Apts - St Paul & 31st

15- Filed. 192 Robert F. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 30/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1925 to Dec 30 1925 that I last saw h alive on Dec 29 1925 and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

Autumn

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Johnson Busick M. D.

12/30, 1925 (Address) 2844 St Paul St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Jan 2 1926

20-UNDERTAKER, Hughes & Jones Inc. — ADDRESS 414 N Bordy

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05177 E 05177

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., WARD)

2-FULL NAME Miss Nannie Charlton Delaplaine

(a) RESIDENCE NO. Church Home & Infirmary ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): 1834

7 AGE — Years: 91 | Months: x | Days: x | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Delaplaine

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mary Rochester

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Alex. C. Nelson

(Address)

15 Filed ..... 19 .....

Robert P. Morrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 30- 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1- 1925, to Dec. 30- 1925, that I last saw her alive on Dec. 30- 1925, and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema (duration) yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) Walter Eagle M. D.

1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick Md

DATE OF BURIAL: Jan 1/26

20 UNDERTAKER: Stephen & Jones

ADDRESS: 1826 N. Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05178

HEALTH DEPARTMENT—CITY OF BALTIMORE

90E 05178

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Greenway Apts St., 12-1 Ward)
Charles & 34th Sts

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME....Ann Freeland

(a) Residence No. Greenway Apts St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Wm T. Freeland

6-DATE OF BIRTH (month, day and year) Apr. 25, 1852

7-AGE. 73 yrs. 8 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Wales

PARENTS.

10-NAME OF FATHER, Wm.G. Williams

11-BIRTHPLACE OF FATHER (city or town)..Wales (State or Country),

12-MAIDEN NAME OF MOTHER, Mary Thomas

13-BIRTHPLACE OF MOTHER (city or town)..Wales (State or Country),

14- (Informant). Sarah J. Fehsenfeld
(Address). Charles & 34th St

15- Robert F. Duffy, Registrar.
Filed DEC 31 1925, 19.. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-30-25

17- I HEREBY CERTIFY, That I attended deceased from 12/1/24, 19.. to 12/30/25, 19..

That I last saw her alive on 12/29/25, 19..

and that death occurred, on the date stated above, at 10.40 A.m.

The CAUSE OF DEATH* was as follows:

Cardiovascular collapse, ----- senility, slow progressive emaciation and weakness.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Senility, slow progressive emaciation & weakness

5 (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Robert M. Foster M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Jan 1, 1926

20-UNDERTAKER. Henry W. Mears & Son ADDRESS 805 N. Calvert

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05179

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05179

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH — Registered No. .....

City of BALTIMORE: (No. 248 E Robinson St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett E. Young

(a) Residence No. 248 E. Robinson St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year): Dec 17 - 1858

7-AGE: 67 yrs. mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of Industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: William Biddison

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Mary Paine

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Md

14-
(Informant): Mrs J. Moser
(Address): 248 E Robinson St

15-
Filed ..... 192.....
Robert F. Garrison, Registrar.

1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 30-1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925 to Dec 29, 1925 that I last saw her alive on Dec 29, 1925 and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(Duration) 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Fracture of Left (over)

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) O. L. Long M. D.

1/30, 1926 (Address) 1701 Eastern

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Jan 2, 1926

20-UNDERTAKER: Scott J Turner & Son — ADDRESS: 1342 Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 05180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05180

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1506 Johns ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie V. Morfit

(a) RESIDENCE NO. 1506 Johns ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 25 1842

7 AGE — Years: 83. Months: 3 Days: 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: Henry M. Morfit

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Catherine Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Mrs Mason P. Morfit 1506 Johns

15 Filed 1925, 19 Robert F. Garrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 25 1925 to Dec. 31st 1925, that I last saw her alive on Dec. 30th 1925, and that death occurred, on the date stated above, at 12 10 a.m.

The CAUSE OF DEATH* was as follows:

Intersticlosis of Lungs

Pulmonary Intersticlosis

(duration) 20 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. T. Lockwood, M. D.

12/31/1925 (Address) 8 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington Cong. Cem. DATE OF BURIAL Jan 2 1926

20 UNDERTAKER: Washington D.C. ADDRESS

John O Mitchell 1201 W Fayette

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05181

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 S Durham St. 23 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H^m Potter

(a) RESIDENCE. No. 519 S Durham St., 2 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Potter

6 DATE OF BIRTH (month, day, and year) Jan 27th 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) U R R Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Chas B Potter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Cassetta Sturwinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City

14 Informant Mr Chas B Potter
(Address) 1303 N Eden St

15 Filed ....., 19 Robert F. Garrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30. 25

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 and 19 25, to Dec 31, 19 25,

that I last saw h— alive on Dec 30, 19 25,

and that death occurred, on the date stated above, at 1.15-0 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Gen grany Cause Unk (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Cl

(Signed) W Riley, M. D.

Dec 31 25, 19 (Address) 1624 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel	Jan 2 19 26
20 UNDERTAKER	**ADDRESS**
Peter Nicolaus	2060 Eastern Ave

FILED 1925 BUREAU OF VITAL STATISTICS

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05182 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05182

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Tucker Ave Hillsdale ST. 78-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elva E Parrish

(a) RESIDENCE. No. Tucker Ave Hillsdale ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10/1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George T Parrish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ethel Gohn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant George T Parrish

(Address) Hillsdale Md

15 Filed ..., 19... Robert P. Lamb

EC 31 1925 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Dec 31st, 1925, that I last saw her alive on Dec 30, 1925, and that death occurred, on the date stated above, at 1 30 a m.

The CAUSE OF DEATH* was as follows:

Acute Pyelitis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) A. C. Brunk, M. D.

(Address) 4509 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cemt	Jan 1 1926

20 UNDERTAKER ADDRESS

William Cahn 502 E Fait Ave

Spec.—1-10 21—M&T—1500 Bks.

E 05183 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05183

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Calverton Road ST. 16-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Ament

(a) RESIDENCE NO. 812 Calverton Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 20, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Apprentice to Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer) Stone Mason

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Coburn

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ida Airey

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Ida Heinzerling
(Address) 812 Calverton Road

15 Filed 1926, 19 Robert P. Harrison
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1925 to Dec 30, 1925, that I last saw him alive on Dec 30, 1925, and that death occurred, on the date stated above, at 10.30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical Exam

(Signed) John A. J. Thelan M. D.

12-30-1925 (Address) 1219 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Jan 2 1926

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 N. Paca St.

Spec.—1-10-21—M&T—1500 Blks.

E 05184

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05184

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 808 N. Carey ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Haskins

(a) RESIDENCE NO. 808 N. Carey ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1840

7 AGE — Years: 85 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: mrs allen

(Address): 808 N. Carey St

15 Filed 1926 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30, 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1925 to Dec. 30, 1925,

that I last saw him alive on Dec. 30, 1925,

and that death occurred, on the date stated above, at 7:10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorraghe

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. da.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. W. Lutz, M. D.

, 19 (Address) 1029 Madison Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem

DATE OF BURIAL: 1-1-1926

20 UNDERTAKER: John A. Toadvine

ADDRESS 1027 Madison Ave

E 05185

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE, (No. Ridge Road St., Windsor Heights Ward) 28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine A. Rogers

(Residence in Baltimore: No. Ridge Road St.; yrs. ..... mos. ..... ds.) Windsor Height

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH. Sept (Month) 28 (Day) 1925 (Year)

7-AGE. ..... yrs. 3 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country) Balto. Md

PARENTS.

10-NAME OF FATHER. Columbus Rogers

11-BIRTHPLACE OF FATHER. (State or Country) Md.

12-MAIDEN NAME OF MOTHER. Mary Clue

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Rogers

(Address) Ridge Rd Windsor Heights

15- Burial Permit Issued

Filed ..... 192 ..... Registrar.

1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 31, (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro - Enteritis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) no history of any other disease.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. F. Hennessy M. D. (Coroner)

Dec 31 1925 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem DATE OF BURIAL. 1/1 192 6

20-UNDERTAKER. Samuel Stanley ADDRESS 332 N Bradford St

Spec.—1-10-21—M&T—1500 Blks.

E 05186

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05186

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 E Balto St., 6th WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Deering

(a) RESIDENCE NO. 2102 E Balto st ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of D Deering

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Cleaning~~ 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant L Deering

(Address) 1172 Balto St

15 Filed ..... 1926 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1925

17 I HEREBY CERTIFY, That I attended deceased from September 15, 1925, to Dec 31, 1925, that I last saw h alive on Dec 31, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

carcinoma of stomach.

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Simon Koltukow, M. D.

, 19 (Address) 1810 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel Rd — DATE OF BURIAL 1/1 1926

20 UNDERTAKER A. L. Simons Bro — ADDRESS 1127 E Balto st

FION is very important. See instructions on back of certificate.

Burial Permit Clerk

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05187 E 05187

CERTIFICATE OF DEATH.

REGISTERED NO. 41-5 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5415 Garrison Ave ST., WARD)

2-FULL NAME William H Blondell Sr

(a) RESIDENCE NO 5415 Garrison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Alice Blondell

6 DATE OF BIRTH (month, day, and year) Nov 9 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gate Keeper Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Balto Country Club Roland Ave

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Malachi Bondell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Conner

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Mrs. Alexander G. Miller
(Address) 5415 Garrison Ave

Filed ..... 192 ..... Robert P. Harrison Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J Hanssen, M. D. (Coroner.)

Dec 30, 1925 (Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wes. Cathedral	1/2/26 192

20 UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05188

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05188

CERTIFICATE OF DEATH.

62

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. ST., 15-12 WARD)

2-FULL NAME Milton Pitzker

(a) RESIDENCE No. 1535 N. Payson St., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single, Married, ~~Widowed~~, or Divorced, (write the word) S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 2-1925

7 AGE Years ... Months 3 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Orvin Pitzker

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Rose Lefsky

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Orvin Pitzker (Address) 1535 N. Payson St

15 Filed 1926 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31, 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 31, 1925, to Dec 31, 1925, that I last saw him alive on Dec 31, 1925, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Status Lymphaticus.

2

(duration) yrs. mos - ds.

CONTRIBUTORY (Secondary) Pneumonia Hyp mno

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical & X-Ray

(Signed) N. S. Brysant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 1/1 1926

20 UNDERTAKER Jack Levis 1409 E Baltimore St — ADDRESS

Cor.—1-12-23—M&T—100 Blks.

E 05189 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-01 05189

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Fleet ST. 7-3 WARD)

2-FULL NAME Charles Stein

(a) RESIDENCE No. 1908 Fleet ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Stein

6 DATE OF BIRTH (month, day, and year) 1882 (Inquest)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Joseph Stein

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Ida Lindrus

13 BIRTHPLACE OF MOTHER (city or town) Penn.
(State or country)

Informant Mary E. Sprout.
(Address) 3406 Cleveland Ave.

Filed ..... 192 Robert F. Harrison, Registrar

1926

Burial Permit Clark

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Kidney Trouble

Chronic (duration) yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James McKenzie, M. D.
(Coroner.)

Dec 30, 1926 (Address) 1002 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	January 1 192 6
20 UNDERTAKER	ADDRESS
Lilly and Zeiler	403 S. Wolfe St.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05190 031 E 05190

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 S. Fifth St. ST., 26 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose A. Armstrong.

(a) RESIDENCE NO. 815 S. Fifth St. ST., 26 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Armstrong.

6 DATE OF BIRTH (month, day, and year) Sept. 16-1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework. 37

(b) General nature of industry, business, or establishment in which employed (or employer) at home.

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER James Gallear

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Heilein

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant George E. Armstrong.
(Address) 815 S. Fifth St.

15 Filed ....., 19.....
Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30th 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 5, 1925, to Dec 30, 1925, that I last saw h... alive on Dec 24, 1925, and that death occurred, on the date stated above, at 8.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (duration) yrs. 8 mos ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) C. L. Reitzenstein M. D.

1/1, 1926 (Address) 1439 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	January 2nd 1926
20 UNDERTAKER	ADDRESS
Lilly and Fiske	1033 S. Wolfe St.

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05191

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05191

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 120 N. 10th St. (Ward) 76-3 90 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August M. Brandt

(a) RESIDENCE. No. 120 N. 10th ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Lucy Brandt

6 DATE OF BIRTH (month, day, and year) Dec. 17/1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Baker

(b) General nature of industry, business, or establishment in which employed (or employer): 003

(c) Name of employer: Self —

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Brandt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Howard Sylvester MD

(Address) 121 Eutaw Place

15 Filed ... 1926 ..., 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct ..., 1925, to Dec 30th, 1925, that I last saw him alive on Dec 29th, 1925, and that death occurred, on the date stated above, at 3.10 a.m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis. Decompensation.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Insufficiency

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Howard Sylvester M.D.

12/30, 1925 (Address) 121 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: Jan. 2nd 1926

20 UNDERTAKER: Tilly and Zirkin ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

E 05192

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05192

CERTIFICATE OF DEATH.

25-412

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 354 Patapsco St., Westport WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Kent Bryant

(a) RESIDENCE NO. 354 Patapsco St., Westport WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Bryant

6 DATE OF BIRTH (month, day, and year) August 17 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Anna Arundel Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Kent Connor

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Pusey

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mr. William E. Bryant
(Address) 354 Patapsco St. Westport

15 Filed ....., 19..... Registrar

1926 Robert F. Harrison

Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1- 1925 to Dec 29 1925.

that I last saw h alive on Dec 29 1925

and that death occurred, on the date stated above, at 4.00 A. M.

The CAUSE OF DEATH* was as follows:

Chr Hypertrophic Stenosis
Dilated Chd Coronary Sclerosis. Myocarditis

(duration) Two days

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Robert E. Schuch M. D.

12/31/25 (Address) 2160 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jan 1 1926

20 UNDERTAKER Nelson E. Stiles — ADDRESS 320 Md. Ave Westport

Spec.—1-10-21—M&T—1500 Bks.

E 05193 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05193

+33

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 Mercy Hospital (Street) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Jamor

(a) RESIDENCE NO. Lincoln Md. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE Colored

5 Single, ~~Married, Widowed, or Divorced~~ (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE 44. Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charles Co Md

(State or country)

PARENTS

10 NAME OF FATHER Bart Jamor

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Emma Booth

(Address) 749 Riviera

15 Filed 1926 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/25/ 1925 to 12/30/ 1925, that I last saw him alive on 12/30/ 1925, and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonal Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Exploring Laparotomy — Date of 5/28/25

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) H. Longcope M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lakata Md — DATE OF BURIAL 1/2/1926

20 UNDERTAKER Dennis Fearon — ADDRESS 916 Eutaw

Spec.—1-12-23—M&T—500 Bks.

E 05194

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05194

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore city Hospitals (St.) (Ward) 17-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Roberts

(a) RESIDENCE No. 819 Franklin st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER George Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Maggie Cane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed 1926, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30, 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1925 to Dec. 30, 1925, that I last saw him alive on Dec. 30, 1925, and that death occurred, on the date stated above, at 5.20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. Lane M. D.

12-30-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 1/2/1926

20 UNDERTAKER Daniel Carbon ADDRESS 916 Pine

Spec.—1-10-21—M&T 1500 Blks.

E 05195

HEALTH DEPARTMENT—CITY OF BALTIMORE

1925

31 E 05195

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1019 N Castle (St.) 1-2 (Ward)

2-FULL NAME Joseph W. Rada

(a) RESIDENCE No. 1019 N. Castle St (St.) ..... (Ward) .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Aug 2 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Rada

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Mary Klan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant ..... (Address) Joseph Rada 1019 N Castle St

15 Filed 1926, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1925, to Dec 30, 1925, that I last saw him alive on Dec 30, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William J Kraetz M. D.

Dec 31, 1925 (Address) 1 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rodeer — DATE OF BURIAL Jan 2 1926

20 UNDERTAKER Grant Evans & Son — ADDRESS 1706 Eastern Ave

Burial Permit Clerk.

Spec. 140-21—M&T—1500 Bks.

1873 43

E 05196 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05196

CERTIFICATE OF DEATH.

X 49

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 WARD)

2-FULL NAME George Morrison

(a) RESIDENCE NO. 438 Ninth W. Palm Beach Fla. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler? 145

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Turkey

PARENTS

10 NAME OF FATHER Eleutheros Manedopulos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Turkey

12 MAIDEN NAME OF MOTHER Maria ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Turkey

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 1926 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31st 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 16th, 1925 to Dec. 31st, 1925, that I last saw he alive on Dec. 31st, 1925, and that death occurred, on the date stated above, at 8 43 a. m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma of mediastinum

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Obstruction of Vena cava

(duration) yrs. — mos. ds.

18 Where was disease contracted if not at place of death? Florida

Did an operation precede death? no Date of -

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C Coutts Andrus M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery.

DATE OF BURIAL Jan 1 1926

20 UNDERTAKER James J. Roach

ADDRESS 1735 Harford Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 05197 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05197

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq Hospital REGISTERED NO. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

2-FULL NAME Mrs. Molly Chateau

(a) RESIDENCE No. 1315 W Fayette St. St. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas E. Chateau

6 DATE OF BIRTH (month, day, and year): Aug 3. 1840

7 AGE — Years: 85 — Months: 4 — Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Richard Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Sallie Loveday

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Thomas E. Chateau (Address): Baltimore apts

15 Filed Jan 5 1926 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 31 1925 to Dec 31 1925, that I last saw h[illegible] alive on Dec 31 1925 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Acute Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) This Autopsy, M. D.

, 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Jan 2 1926

20 UNDERTAKER: John A. Mitchell — ADDRESS: 120 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

E 05198

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 05198

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST. 9-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ellen Larsen

(a) RESIDENCE NO. 638 Bartlett Av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Larsen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER John Shoccasay.

11 BIRTHPLACE OF FATHER (city or town) — (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) — (State or country) Ireland

14 Informant Mt Hope Rumds. (Address)

15 Filed 1926 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 11, 1922, to December 29, 1925, that I last saw her alive on December 29, 1925, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Chronic Mania.

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Mt Hope Retreat

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt. Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer. DATE OF BURIAL Jan 2 1926

20 UNDERTAKER E. L. Wiedefeld ADDRESS 501 E 22 St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05199 E 05199

CERTIFICATE OF DEATH.

76

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 12-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles C. Holmes

(a) RESIDENCE NO. 1811 Barclay St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
male	white	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Rutter

6 DATE OF BIRTH (month, day, and year) 10/22/1890

7 AGE Years	Months	Days	If LESS than 1 day hrs or min.
35	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Bacon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant George Holmes (Address) 1811 Barclay St.

15 Filed 1926, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27th, 1925, to Dec. 29th, 1925, that I last saw h IM alive on Dec. 29th, 1926, and that death occurred, on the date stated above, at 9:00 P m.

The CAUSE OF DEATH* was as follows:

Paresis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic - Physical Signs

(Signed) J. Taylor Wingfield, Jr., M. D.

, 19 (Address) Mind. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cath. Cem. DATE OF BURIAL 1/5/26.

20 UNDERTAKER Geo. J. Rutter Jr. ADDRESS 1735 Harford

Spec.—1-10-21—M&T—1500 Blks.

E 05200

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05200

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 Park Ave ST.) (WARD) 4-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferdinand A Peuvers

(a) RESIDENCE No. 312 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma L Peuvers

6 DATE OF BIRTH (month, day, and year): Dec 24 1880

7 AGE: Years 45 Months Days 6 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Ferdinand Peuvers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Emma L Peuvers 312 Park Ave

15 Filed 1926, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 30 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1925 to Dec 30, 1925.

that I last saw h-- alive on Dec 30, 1925

and that death occurred, on the date stated above, at 11,30 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Streptococcus Viridans Infection (duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical & Blood culture

(Signed) R L Kilgus M. D.

19 (Address) Weightwood Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 12 1926

20 UNDERTAKER: Geo A Farley Falcon & Sayler

ADDRESS

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05201 1926 E 05201

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 E. Preston St ST. 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M Brunner

(a) RESIDENCE NO. 1517 E. Preston St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche C. Brinner

7 DATE OF BIRTH (month, day, and year) July 25/1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	5	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chaffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Yellow Taxi Co

9 BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Joseph F. Brunner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sarah Brunner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

Informant Sarah Brunner

(Address) 1517 E. Preston St.

Filed 1926 192 Robert P. Harrison, Registrar

Burial Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage -pistil wound right temple-Suicide-
(Prob ly temporally Insane following automobile accident, which occured several hrs previous)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Signed) J Scott Lee, M. D.
(Coroner.)

12/31/25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Jan 2 1926

20 UNDERTAKER Robt J Turner & Sons ADDRESS 1442 Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 05202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05202

CERTIFICATE OF DEATH. Hamilton 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5002 Ross Road ST., 29-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie L Hall

(a) RESIDENCE NO. 5002 Ross Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Hall

6 DATE OF BIRTH (month, day, and year) Oct 24 1886

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August Wenke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Mr Frank Hall Informant

(Address) 5002 Ross Road

15 Filed , 19 [Robert F Harrison] Registrar

[Burial Permit Clerk]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1922, to 12-31, 1925, that I last saw h[illegible] alive on 12-31, 1925, and that death occurred, on the date stated above, at 9 40 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Dallas Miller, M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Jan 4 1926
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 05203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

E 05203

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 E.Federal ST. 8-W WARD)

2-FULL NAME Sadie A.Bristow

(a) RESIDENCE NO. 2322 E.Federal ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXXXXXXXXXXXXX

6 DATE OF BIRTH (month, day, and year) Jan.5 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer) At-home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Randalia Md.

PARENTS

10 NAME OF FATHER William Bristow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elk Neck Md.

12 MAIDEN NAME OF MOTHER Catherine Stoops

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Elk Neck Md.

14 Informant Mrs.Mollie Bristow

(Address) 2322 E.Federal

15 Filed ....., 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec.30 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1925 to Dec 30, 1925

that I last saw h[illegible] alive on Dec 30, 1925

and that death occurred, on the date stated above, at 11.25 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Diagnosis

(Signed) J. E. Lauer M. D.

Dec 31, 1925 (Address) 1301 4 Park Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jan 2 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05204 91-092 E 05204

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1 West Heath ST. 23-2 WARD)

2-FULL NAME William F Kamp

(a) RESIDENCE No 1 West Heath ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida O Kamp

6 DATE OF BIRTH (month, day, and year) April 3 1847

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Ida O Kamp
(Address) 1 West Heath St

15 Filed ....., 19.... Robert F. Harrison, Registrar

1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1925, to Dec 30, 1925 that I last saw him alive on Dec 30, 1925 and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell, M. D.

Dec 30, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Park Cemetery	Jan 2 1926
20 UNDERTAKER John F. Denny	ADDRESS 715 Light

Spec.—1-10-21—M&T—1500 Bks.

E 05205 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05205

CERTIFICATE OF DEATH.

REGISTERED NO. 166

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 117 North Avenue ST., 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Joseph Ryan

(a) RESIDENCE NO. 117 North Avenue ST., 27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Aug 18 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer) employed

(c) Name of employer Gorman Taxicab Co.

9 BIRTHPLACE (city or town) (State or country) Mt Washington Md

PARENTS

10 NAME OF FATHER William M. Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore City

12 MAIDEN NAME OF MOTHER Mary A. Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Joseph M. Ryan (Address) 117 North Ave Balto

15 Filed ....., 1926 Robert J. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30. 1925

17 I HEREBY CERTIFY, That I attended deceased from December 29, 1925, to Dec 30, 1925, that I last saw him alive on Dec 30, 1925, and that death occurred, on the date stated above, at 5.45 p m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? yes

What test confirmed diagnosis? Symptoms

(Signed) William J. Fogle, M. D.

, 19 (Address) Mt. Washington Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary Govans — DATE OF BURIAL Jan 2 1926

20 UNDERTAKER Woolford & Son — ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

05206

HEALTH DEPARTMENT—CITY OF BALTIMORE

05206

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 12 Jackson Ave ST., Rutherford 24-4 (WARD) 25

REGISTERED NO. 001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Henry Starr

(a) RESIDENCE NO. 12 Jackson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 10th 1925

7 AGE: Years — Months 5 — Days 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Elmer Starr

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Katherine Krebs

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Elmer Starr (Address) 12 Jackson Ave

15 Filed 1926, 19 Robert P. Hart Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 31st, 1925, to Jan 1st, 1926, that I last saw him alive on Dec 31st, 1925, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chicken Pox

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy, M. D.

1-1, 1926 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1-2 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-001

24E 05207

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hillsdale ST. 28-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Edmonston

(a) RESIDENCE NO. Hillsdale ST., 28 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Edmonston

6 DATE OF BIRTH (month, day, and year) June 13, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home 037

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Prince George Co (State or country) Md

PARENTS

10 NAME OF FATHER Charles L. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Farrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Wm H Edmonston

(Address) Hillsdale Md

15 Filed Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1925 to Dec 31 1925 that I last saw h[illegible] alive on Dec 31 1925 and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Geo F Eversbusch M. D.

, 19 (Address) Woodlawn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	Jan 4 1926
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N Dallas

Burial Permit Filed

5x

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05208

101-001

E 05208

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 Spalding Ave. ST. 27-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Elsie Trosset

(a) RESIDENCE NO. 317 Spalding Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander P. Trosset

6 DATE OF BIRTH (month, day, and year) Dec. 17, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	-	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife at

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Gerhard Hanssen

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Damer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Alexander P. Trosset
(Address) 317 Spalding Ave.

15 Filed . . . . . 19 . . . . . Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 19 25

17 I HEREBY CERTIFY, That I attended deceased from Dec 21 - 19 25 to Dec 29 19 25.

that I last saw h alive on Dec 29 19 25,

and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows: Toxemia. Cardiac Cathexia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kalen, M. D.

12-30-25 (Address) 2513 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Jan. 2 19 26
20 UNDERTAKER	ADDRESS
Joseph B. Cook	1003 W. Balto St

E 05209

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 05209

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 2512 Penna Ave. St. 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME India Ellsworth Gardner

(Residence in Baltimore: No. 2512 Penna Ave St.; 70 yrs., 0 mos., 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Dec. 1 1854
(Month) (Day) (Year)

7-AGE. 61 yrs. 0 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home
(b) General nature of industry, business, or establishment in which employed (or employer). 037

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Frank K. Hook

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Julia Spencer

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ellsworth Gardner

(Address) 2512 Penna Ave

15- Filed 1926 192.... Robert P. Harrison, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 30, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) ~~Cancer~~ Coronary

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Dec. 31 1925 (Address) 2362 Edmondson Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal**.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Resident(s).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Dear Park Cem. Md	Jan. 2, 1926

20-UNDERTAKER.	ADDRESS
H. M. Lehner & Sons	North Ave

Spec.—1-10-21—M&T—1500 Blks.

E 05210

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05210

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 E. 33rd. St. 12th WARD)

2-FULL NAME Ruth Alma Smith

(a) RESIDENCE NO. 319 E. 33rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles V. Smith

6 DATE OF BIRTH (month, day, and year): April 6, 1883

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Charles H. Riggs

11 BIRTHPLACE OF FATHER (city or town) Kilmarnock. (State or country) Va.

12 MAIDEN NAME OF MOTHER Emma M. Buckley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Warren McClellan

(Address) 319 E. 33rd. St.

15 Filed 2 1926, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1925 to Dec 31, 1925

that I last saw h alive on Dec 31, 1925

and that death occurred, on the date stated above, at 10.30 a m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Chronic Interstitial

nephritis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? By Autopsy

(Signed) Frederick L. Grimm M. D.

, 19 (Address) 2827 Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Jan 2, 1926

20 UNDERTAKER: Wm. Fletcher Bond

ADDRESS: North Ave

Spec.—1-12-23—M&T—500 Blks.

E 05211

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05211

CERTIFICATE OF DEATH.

REGISTERED NO. 101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 N. Bruce St. ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Harry Wicks

(a) RESIDENCE NO. 335 N, Bruce St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Negro

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Madora Wicks

6 DATE OF BIRTH (month, day, and year) Jan 26th 1871

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck driver

(b) General nature of industry, business, or establishment in which employed (or employer) Buldg. Supplies

(c) Name of employer L.A.Spelshouse

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Louis H. Wicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co. Md.

12 MAIDEN NAME OF MOTHER Maria Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co. Md.

14 Informant Bessie I. Warters

(Address) 1343 N.Carey

15 Filed , 19 Robert F. Harrison

Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29-1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 26 , 19 25 , to Dec 29th , 19 25 , that I last saw him alive on Dec. 29th. , 19 25 and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Bilateral

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Walter A. Jackson, M. D.

, 19 (Address) 1631 W. Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Jan 2 1926

20 UNDERTAKER Mrs Jas. H. Dennis per T. E. Nelson

ADDRESS 1303 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05212

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05212

CERTIFICATE OF DEATH.

X 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A. Kelly Hospital ST. 1425 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Wilson

(a) RESIDENCE NO. 7307 Dalzell St. ST., WARD Pittsburgh, Pa.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred non yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Bruce

6 DATE OF BIRTH (month, day, and year) Oct 1 - 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer) 0/8

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER James Wilson

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Margaret Mairs

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mrs. John B. Wilson (Address)

15 Filed ..... 19 ..... Robert T. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1925, to Jan. 2, 1926.

that I last saw h.i. malive on Jan 2, 1926,

and that death occurred, on the date stated above, at 2 25 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of urinary bladder.

(duration) 6 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pittsburgh, Pa.

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Cystoscopic Examination

(Signed) Robert E. Fricke M. D.

19 (Address) 1418 Eutaw Place, City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pittsburg Pa — DATE OF BURIAL 1/4 1926

20 UNDERTAKER James A Jones — ADDRESS 1202 Penn

Spec.—6-9-19—H. P. Co.—1000 Bks.

05213

HEALTH DEPARTMENT—CITY OF BALTIMORE

100.00

05213

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 113 N. Rose Street (or) 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geraldine Colligan

(a) RESIDENCE. No. 113 N. Rose Street ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 24, 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1 year	5 mos.	7 days.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None -

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None -

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Martin Colligan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D. C.

12 MAIDEN NAME OF MOTHER Elizabeth Hildebrand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Joseph Martin Colligan
(Address) 113 N. Rose St.

15 Filed ..... 19 .....
Robert P. Harrison Registrar

1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31 1925.

17 I HEREBY CERTIFY, That I attended deceased from December 27, 1925 to December 31, 1925, that I last saw her alive on December 31, 1925, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Tonsilitis and
Acute Bronchitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumia and Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown -

Did an operation precede death? No Date of —

Was there an autopsy? No -

What test confirmed diagnosis? Physical Examination

(Signed) Albert O. Auerbach M. D.

(Address) 2007 East North Ave -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	Jan 2 1926
20 UNDERTAKER John Lucas	ADDRESS 2008 Ellam

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05214

CERTIFICATE OF DEATH.

REGISTERED NO. 05214

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hosp. ST. 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Noyes.

(a) RESIDENCE NO. 512 Park Ave (Towson) ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced. (write the word): Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Dec - 10 - 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	72.	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: David C Noyes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emeline Pyo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto City

14 Informant: Madison B Sherman

(Address)

15 512 Park Ave Towson Md

Filed ..... 19 .....

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1925, to Jan 1, 1926

that I last saw her alive on Jan 1, 1926

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Tubercular Peritonitis.

Followed by myocardial failure

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): Pulmonary Tuberculosis

(duration) 20 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Laboratory - Exam

(Signed) James Wilson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Waugh Chapel Cem Gdns Gwynnwood

DATE OF BURIAL: Jan 5 1926

20 UNDERTAKER: John Burns Sons

ADDRESS: Towson

Cor.—1-12-23—M&T—100 Bks.

E 05215

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 05215

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1445 Covington St. St. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Biden.

(a) RESIDENCE No. 1445 Covington St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a If married, widowed or divorced
(or) WIFE of Edward Biden.

6 DATE OF BIRTH (month, day, and year) July 4, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	5	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

10 NAME OF FATHER John A. Ringrose.

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Isabelle Farlon

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
(State or country)

Informant Edward Biden. (Husband)
(Address) 1445 Covington st.

Filed 1926, 192 Robert F. Harrison,
Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 30, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Dec, 31, 1925 (Address) 1017 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem.	1/2 1926
20 UNDERTAKER J. Few McCully	ADDRESS 130 E. Fort

Cor.—1-12-25—M&T—100 Bks.

E 05216 HEALTH DEPARTMENT—CITY OF BALTIMORE 1004 E 05216

CERTIFICATE OF DEATH. 181

REGISTERED NO. 43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Garage rear of 1430 Montpelier St., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Clay

(a) RESIDENCE NO. 1430 Montpelier St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Rachel Clay

6 DATE OF BIRTH (month, day, and year) Dec 20/1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

10 NAME OF FATHER James Clay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Rachel Cliffs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ill.

Informant Ida Lilly (Address) 1430 Montpelier St

Filed 1926, 192 Robert F. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Monoxide gas poisoning

(Found in garage on Dec 31st. after working on his automobile.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Collier, M. D.

Jan 1/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Cemetery Waverly DATE OF BURIAL 1/2 1926

20 UNDERTAKER George J Ruth ADDRESS 1758 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05217

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05217

CERTIFICATE OF DEATH.

10-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N. Curley St. 6-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Worldon Anderton

(a) RESIDENCE No. 123 N. Curley St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 18 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eastport Maryland

PARENTS

10 NAME OF FATHER John Anderton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Amanda Foskett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eastport Md

14 Informant Edward Fenner (Address) 123 Nort Curley St Balto

15 Filed 1926, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1926, to Dec. 30, 1926; that I last saw h[e] alive on Dec. 30, 1926, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Conrad Schmidt, M. D.

12/31, 1926 (Address) 701 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St James Cemetery Annapolis Md

DATE OF BURIAL June 2 1926

20 UNDERTAKER R L Hopkins

ADDRESS Annapolis Md

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05218

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05218

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1324 (St.) E Lanvale St. (Ward) 8-V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Margaret Steuler

(a) RESIDENCE. No. 1324 E Lanvale St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs 8 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a If married, widowed, or divorced (or) WIFE of John Steuler

6 DATE OF BIRTH (month, day, and year) Oct 15, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hse.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria.

PARENTS

10 NAME OF FATHER George Merrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Anna Mary Schuman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria.

14 Informant Catherine Miller
(Address) 329 E 30th St.

15 Filed , 19 Robert P. Harrison Registrar

1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 19 25

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 19 25, to Dec 31, 19 25

that I last saw her alive on Dec 31 25

and that death occurred, on the date stated above, at 10:25 p. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Chronic

Nephritis (duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George Ahrens Brooden M. D.

(Address) 1516 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	JAN 4 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 05219

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05219

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511- Edmondson Av ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma June Goodrich

(a) RESIDENCE NO. 1511 Edmondson ST., WARD Great Mills - Md

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 75 yrs. 8 mos. 15 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Stephen C. Goodrich

6 DATE OF BIRTH (month, day, and year): April-16-1850

7 AGE: Years 75 Months 8 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town): Ridge

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm. Welch

11 BIRTHPLACE OF FATHER (city or town): St Mary's Co.

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Susan Bean

13 BIRTHPLACE OF MOTHER (city or town): St Mary's Co.

(State or country): Maryland

14 Informant: Harry F. Goodrich (son)

(Address): 113 Augusta Ave

15 Filed ..., 19 ... Registrar

Robert P. Harrison,

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 19 25, to Jan. 1, 19 26

that I last saw h alive on Dec. 27, 19 25

and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gilbert Wallace M. D.

, 19 (Address) 1407 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jarboesville St Mary's Co Md

DATE OF BURIAL: Jan 4 19 26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

E 05220

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 05220

CERTIFICATE OF DEATH.

74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Beulah Villa Apts ST. 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minna Caspari Faul

(a) RESIDENCE NO. Beulah Villa Apts ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? 69 yrs. 3 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred S. Faul

6 DATE OF BIRTH (month, day, and year): Sept-12-1856

7 AGE — Years: 69 Months: 3 Days: 17 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Wm. Caspari

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hanover Germany

12 MAIDEN NAME OF MOTHER: Elvina Heinsius

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hanover Germany

14 Informant (Address): Mrs. Minna E. L. Faul (Same) Beulah Villa Apts

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925, to Dec 31, 1925.

that I last saw her alive on Dec 31, 1925

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

High blood pressure

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage & paralysis (duration) ..... yrs. ..... mos. 11 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Walter Shubert M. D.

Dec 31/25, 19 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan 2 1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Spec.—1-21—M&T—1500 Blks.

E 05221

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-01 05221

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 524 N. Bond ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline L. Miller

(a) RESIDENCE NO. 524 N. Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of late Chas. M. Miller

6 DATE OF BIRTH (month, day, and year) Aug 10 52

7 AGE — Years: 73 — Months: 4 — Days: 19 — If LESS than 1 day, ...hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER Geo. F. Wareman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Del.

12 MAIDEN NAME OF MOTHER Charlotte

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Del

14 Informant Mrs Florence Fahey

(Address) 524 N. Bond St

15 Filed 12-31 19 25 Robert F. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-20-25 to 12-29-25

that I last saw her alive on 12-29-25

and that death occurred on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pending

(Signed) T. Bayard Brune M. D.

(Address) 524 N. Bond St

12-31-25

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Com — DATE OF BURIAL 1/2 1926

20 UNDERTAKER Philip Hennig — ADDRESS 2016 Orleans

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05222

E 05222

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S. Vincent ST. 14-W WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Moulden

(a) RESIDENCE. NO. 310 S. Vincent ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Moulden

6 DATE OF BIRTH (month, day, and year) Dec 15-1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	-	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress 041

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)..... (State or country) Md.

PARENTS

10 NAME OF FATHER Jas. Plato.

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Chas. Moulden

(Address) 310 S. Vincent

15 Filed ..., 19 Robert F. Hartman Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1925, to Dec 29, 1925

that I last saw h[illegible] alive on Dec 29, 1925

and that death occurred, on the date stated above, at 10.45 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Y

Did an operation precede death? [illegible] Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eli Leak, M. D.

(Address) North Brd & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL Jan 2nd 1926

20 UNDERTAKER C. Jones ADDRESS 1145 Gilmor

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05223

89 E 05223

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE. (No.) 1600 Poplar Grove St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert John Adair

(a) Residence No. 1600 Poplar Grove St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Alice M. Adair

6-DATE OF BIRTH (month, day and year) Dec. 23 1853

7-AGE. 72 yrs. 0 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad Co.

(c) Name of employer Wm. Md. R.R.

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Adair

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth McMurray

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14- (Informant) Alice M. Adair (wife)

(Address) 1600 Poplar Grove St.

15- Filed 1926 Robert F. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 31/25

17- I HEREBY CERTIFY, That I attended deceased from Nov. 30th, 1925 to Dec. 31st, 1925 that I last saw him alive on Dec. 30th, 1925 and that death occurred, on the date stated above, at 11.00 A.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Consumption (Duration) About 1 mo. ds.

If Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No X

What test confirmed diagnosis? X

(Signed) George C. Price M. D.

July 1, 1926 (Address) 1705 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Jan. 4 1926

20-UNDERTAKER, Stuffleet & Jones Inc

ADDRESS 1417 N. Broadway

Burial Permit Clerk

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05224

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 E 002
10 E 05224

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women's Home St. 41 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth J. Owens

(a) RESIDENCE. No. 9402 W Lexington St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Wht	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	—	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) West River
(State or country) A.A. Co. Md.

PARENTS

10 NAME OF FATHER Isaac Owens.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) West River A.A. Co. Md.

12 MAIDEN NAME OF MOTHER Jane Stewart

13 BIRTHPLACE OF MOTHER (city or town) West River
(State or country) A.A. Co. Md.

14 Informant Ella J. Jones Matron
(Address)

15 Filed JAN 2 - 1926, 19 Robert F. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 19 25, to Dec 31, 19 25,
that I last saw her alive on Dec 30, 19 25,
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:

Senile Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(Duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Norwood, M. D.
Jan 1, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	Jan 2, 26
20 UNDERTAKER George J. Ewell	ADDRESS 1532 Bolton St.

Spec.—1-10-21—M&T—1500 Blks.

05225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44E 05225

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Arlington Ave. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Edward Diggs

(a) RESIDENCE NO. 1010 Arlington Ave. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 7, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bellman

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Mathews County
(State or country) Virginia

PARENTS

10 NAME OF FATHER Ned Diggs

11 BIRTHPLACE OF FATHER (city or town) Mathews
(State or country) County, Va.

12 MAIDEN NAME OF MOTHER Lucy Smith

13 BIRTHPLACE OF MOTHER (city or town) Mathews
(State or country) County Va

14 Informant John R Diggs
(Address) 825 Calhoun St

15 Filed [illegible] Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925, to Dec 31, 1925, that I last saw h[illegible] alive on Dec 31, 1925, and that death occurred, on the date stated above, at 7.05 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach and Colon.

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Nov 13, 1925

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) George S. Cellen, M. D.

1/1, 1926 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mathews County Virginia	Jan 3 1926
20 UNDERTAKER	ADDRESS
Jos. T. H. Rochester.	1493 Jefferson St

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05226

CERTIFICATE OF DEATH.

74-001

E 05226

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Sterling ST., 5-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Wilson

(a) RESIDENCE No. 610 Sterling ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) January 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Annie Chase (Address) 610 Sterling St

15 Filed ..... Robert P. Harrison Registrar

1926

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1 — 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31 — 1925 to Jan. 1 — 1926.

that I last saw her alive on Jan. 1 — 1926.

and that death occurred, on the date stated above, at 315 P. m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Paralysis + Complication

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. H. W. Kennard M. D.

1-1. 1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Jan 4 1926
20 UNDERTAKER Edward Boyas	ADDRESS 691 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05227

100-01 05227

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2325 Druid Hill Ave ST. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Spears

(a) RESIDENCE No. 2325 Druid Hill Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col.	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Spears

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Janitor 040

(c) Name of employer Mr Mack

9 BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md

PARENTS

10 NAME OF FATHER Anthony Spears

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William Spears

(Address) 2325 Druid Hill Ave

15 Filed 1926 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1925, to Dec. 30, 1925, that I last saw him alive on Dec 20, 1925, and that death occurred, on the date stated above, at 9.45 p.m.

The CAUSE OF DEATH* was as follows:

Bronchus — Pneumonia with Pleurisy.

(duration) yrs. 1 mos 5 ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Hawley, M. D.

Jan 1, 1926 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1/2 26
20 UNDERTAKER	ADDRESS
Emmett Hawley	Bel Air

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05228 90 E 05228

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 W. Franklin ST. 17-3 WARD)

2-FULL NAME James W. Epps

(a) RESIDENCE No. 833 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Epps

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) Commission House O/O

(c) Name of employer Edelin Bros

9 BIRTHPLACE (city or town) Petersburg Va
(State or country)

PARENTS

10 NAME OF FATHER John Epps

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Catherine Johnson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Virginia

14 Informant Lula C. Garrett
(Address) 833 W. Franklin St

15 Filed ..... 1926 Robert P. Harrison
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15th, 1925, to Dec. 29th, 1925.

that I last saw him alive on Dec 27th, 1925;

and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) — yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ..... yrs. — mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms &c

(Signed) Edward E. Mackenzie, M. D.

Dec 31, 1925 (Address) 1339 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL 1/2 1926

20 UNDERTAKER Samuel E. Hawley ADDRESS Dallas

Spec.—1-12-23—M&T—500 Bks.

E 05229 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-001 E 05229

CERTIFICATE OF DEATH.

12-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2645 Hampden Ave WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin J White

(a) RESIDENCE NO. 2645 Hampden Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Emma M White

6 DATE OF BIRTH (month, day, and year): Sept 5 1861

7 AGE: Years 64 | Months 3 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Emma M White 2645 Hampden Ave

15 Filed ..... 19 ..... Registrar

1926 Mrs. F. T. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 28, 1925, to Dec 31, 1925, that I last saw h[illegible] alive on Dec 31, 1925, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Clark Goldsborough, M. D.

, 19 (Address) 2923 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Jan 4 1926

20 UNDERTAKER: Chenowith Son

ADDRESS: 3617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05230 45 E 05230

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3608 Railroad Ave. (Woodbury) ST. 12-1 WARD)

2-FULL NAME Mrs. Mary C. Nusbaum (Nusbaum)

(a) RESIDENCE NO. 3608 Railroad Ave (Woodbury) ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rob Edward Nusbaum

6 DATE OF BIRTH (month, day, and year) Aug 23 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	4	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Charles Wells
(Address) 3608 Railroad Ave

15 Filed ....., 19 Robert P. Harrison, Registrar
1926

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Jan 1, 1926, that I last saw her alive on Dec. 31, 1925, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of abdomen MW

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Senility-with terminal pneumonia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam. Only

(Signed) Ephraim R. Clarke, M. D.

, 19 (Address) Roland Park.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bost & Carroll Co. | DATE OF BURIAL Jan 3 1926

20 UNDERTAKER Edmonds & Son ADDRESS 5617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05231

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05231

CERTIFICATE OF DEATH.

164

269

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Camp Holabird ST. ... WARD)

2-FULL NAME Elizabeth Emaline Milam

(a) RESIDENCE NO. Camp Holabird ST., ... WARD ...

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 10 mos. 28 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Edward Milam

6 DATE OF BIRTH (month, day, and year) Jan. 8, 1842

7 AGE 83 Years 11 Months 22 Days

If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charleston (State or country) So. Carolina

PARENTS

10 NAME OF FATHER Henry Schleyer

11 BIRTHPLACE OF FATHER (city or town) Hamburg (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Bruder

13 BIRTHPLACE OF MOTHER (city or town) Charleston (State or country) So Carolina

14 Informant Mrs. A. Haythaidr (Address) Camp Holabird

15 Filed ... 19 ... Robert F. Harrison, Registrar

1926

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1 - 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1925, to Jan 1, 1926, that I last saw her alive on Jan 1, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Senility.

(duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Physical exams.

(Signed) Carl H Whitnell, M. D.

, 19 (Address) Camp Holabird Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: East Lawn Cemetery — DATE OF BURIAL: Jan. 4 1926

20 UNDERTAKER: L. Sander Sons Inc — ADDRESS: 1710 Pratt St

Cor.—1-12-23—M&T—100 Bks.

E 05232 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05232

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 197

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Jouns Hopkins Hospital ST. 1-3 WARD)

2-FULL NAME Leopold Sendrakowski

(a) RESIDENCE NO. 1007 S. Harris Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Senrakowski

7 DATE OF BIRTH (month, day, and year) May 21-1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	6 7	7 8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Organist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Stanislaus Sendrakowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Zajac

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Marie Sendrakowski

(Address) ~~1007 S. Harris Alley~~

Filed 1926, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29/25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage into abdominal cavity & left kidney- pistol shot

Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. N. Pullen, M. D. (Coroner)

12-31, 192 6 (Address) 508 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Troy New York	Jan 3 1926
20 UNDERTAKER	ADDRESS
Stephen J. Piatkowski	1000 Fremont

Spec.—1-10-21—M&T—1500 Blks.

E 05233

HEALTH DEPARTMENT—CITY OF BALTIMORE

16 2

E 05233

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 E. Monument ST., 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Marcellus Trabing.

(a) RESIDENCE No. 2722 E. Monument ST., 7 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 1st 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John M. Trabing

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Margella Richter

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant John M. Trabing.
(Address) 2722 E. Monument St.

15 Filed ....19.... Robert P. Harrison,
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 2, 1926

that I last saw h[illegible] alive on Jan 2, 1926

and that death occurred, on the date stated above, at 6 30 P.M. m.

The CAUSE OF DEATH* was as follows:

A. Atelectasis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Reynolds M.D.

19[illegible] (Address) 5[illegible]1 Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL Jan 2nd 1926

20 UNDERTAKER Lilly & Gaden

ADDRESS 408 S. Wolfe

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05234 E 05234

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 Fremont Ave. St. 47-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Whitlock

(a) RESIDENCE. No. 2520 Fremont Ave. St.; Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Whitlock

11 BIRTHPLACE OF FATHER (city or town) Pocomoke City (State or country) Virginia

12 MAIDEN NAME OF MOTHER E. Stahl

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Bessie H Edwards (Address) 1619 Fremont St.

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1- 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1923, to Dec. 31 1925, that I last saw her alive on Dec. 31 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 10 yrs. \ mos. \ ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 10 yrs. \ mos. \ ds.

18 Where was disease contracted if not at place of death? \

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? \

(Signed) Edgar L. Sandrock, M. D.

19 (Address) 15 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	1-4- 1926
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun Hollins sts

Spec.—1-10-21—M&T—1500 Bks.

E 05235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11 E 05235

1-PLACE OF DEATH Franklin Sq. Hospital

REGISTERED NO.

CITY OF BALTIMORE: (NO. 14-1 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Gwendolyn Higgs

(a) RESIDENCE NO. 5 N. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
FEMALE	WHITE	SINGLE

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) MARCH 6, 1903

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	22	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 008

(c) Name of employer Maryland Casualty Co.

9 BIRTHPLACE (City or town) Mechanicsville Md
(State or country)

PARENTS

10 NAME OF FATHER J. M. HIGGS

11 BIRTHPLACE OF FATHER (city or town)
(State or country) MECHANICSVILLE

12 MAIDEN NAME OF MOTHER PEARL OLIVER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) MECHANICSVILLE

14 Informant Mrs. Arthur
(Address) 521 N. Calhoun St.

15 Filed 1926, 19 Robert F. Harrison
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1925, to Jan 1, 1926.

that I last saw h alive on Jan 1, 1926.

and that death occurred, on the date stated above, at 4 AM m.

The CAUSE OF DEATH* was as follows:

Thrombus Emphysema

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 11/1/25 1. Chronic Bronchitis 12/1/25 2. Emphysema Thrombus

Did an operation precede death? yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Medical

(Signed) Louis Campbell, M. D.

1-1, 1926 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mechanicsville Md	Jan 3 1926

20 UNDERTAKER Robert Barkdoll ADDRESS Calhoun & Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 05236

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 05236

CERTIFICATE OF DEATH.

1-4

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 S. Elwood ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Baker

(a) RESIDENCE NO. 407 S. Elwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 31 1925

7 AGE Years	Months	Days	If LESS than 1 day, 6 hrs. or min.
		0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel E. Baker

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Alice Kahler

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Father - 407 S Elwood
(Address)

15 Filed , 19
1926 Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 31, 1925, to Dec. 31, 1925,

that I last saw her alive on Dec 31, 1925,

and that death occurred, on the date stated above, at 10. P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth - (7th month)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) E. A. Kahler, M. D.

, 19 (Address) 421 S Elwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem.

DATE OF BURIAL Jan 2 1926

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 739 E. Eag. St.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05237

CERTIFICATE OF DEATH.

90 E 05237

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 2017 E. Preston ST. 84 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia G. Woltrop

(a) RESIDENCE NO. 2017 E. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William G. Waltrop

7 DATE OF BIRTH (month, day, and year) Oct 1/1886

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	3	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Thos. J. Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Lydia Hinton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

Informant Wm. G. Waltrop
(Address) 2017 E. Preston St

Filed 1926 . 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency -probably myocardial

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) John Kane, M. D.
(Coroner.)

Jan 2/26 . 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 4 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05238

161-001

E 05238

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 338 Preestman ST. 14-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby King

(Residence in Baltimore: No. 338 Preestman Baltimore St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Dec 17, 1925 (Month) (Day) (Year)

7-AGE, 2 weeks ..... yrs. ..... mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer) ——

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Andrew King

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Florence Woams

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence King

(Address) 338 Preestman

15-

Filed 12-1926 1926 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31, 1926 (Month) (Day) (Year) 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1925, to Dec 30 1925, that I saw h—m alive on Dec 30 1925 and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

2 weeks

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. R. Boykin M. D.

1-1-, 1926 (Address) 1618 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn

DATE OF BURIAL, Jan 2, 1926

20-UNDERTAKER Virginia A Brooks

ADDRESS 1463 N. Carey

Spec.—1-16-21 M&T 1500 Blks.

E 05239

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05239 md

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary REGISTERED NO.

CITY OF BALTIMORE: (No. 7-1 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mabel Darby Lusby

(a) RESIDENCE NO. 710 N Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 2 mos. 11 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 22, 1899

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
26	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Schoen & Co

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Lusby

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie McLaughlin

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Miss Mollie Graydon (Address) 710 N. Broadway

15 Filed 1926 19 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1925, to Jan 1, 1926, that I last saw h[illegible] alive on Jan 1, 1926, and that death occurred, on the date stated above, at 2 10 a. m.

The CAUSE OF DEATH* was as follows:

Appendicitis, acute, (ruptured)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Peritonitis, general (B coli)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Dec 31 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation (over)

(Signed) Henry J. P. Wilson M. D. M. D.

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Jan 4 1926

20 UNDERTAKER John B. Spence ADDRESS 1325 N Caroline St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05240 E 05240

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1642 St. Benedictine 59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Michelson

(a) RESIDENCE NO. 1642 St. Benedictine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elka Michelson

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Lazer Michelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Beasie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Michelson (Address) 1642 Washington

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1923, to Jan. 1st, 1926, that I last saw him alive on Jan 1st, 1926, and that death occurred, on the date stated above, at 10:20 a m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

Senilitus.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. A. Michelson, M. D.

Jan 1st, 1926 (Address) 2230 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem DATE OF BURIAL Jan 3 1926

20 UNDERTAKER Jack Louis ADDRESS 1439 Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05241 E 05241

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 S. Bond st St. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lehian H. Sollod

(a) RESIDENCE No. 23 S. Bond st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida D. Sollad

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE 76 Years 75 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Norman M. Sollod

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Ida D. Sollod

(Address) 23 S Bond st

15 Filed JAN 3 m., 19 1926 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1926

17 I HEREBY CERTIFY, That I attended deceased from May, 1925, to Jan 1st, 1926,

that I last saw h[illegible] alive on Jan 1st, 1926,

and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestine

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael A Abrams, M. D.

Jan 2, 1926 (Address) 1360 Entrance

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodelph

DATE OF BURIAL Jan 3 1926

20 UNDERTAKER Jack Levis

ADDRESS 1439 E Balt st

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05242

CERTIFICATE OF DEATH.

1723 E 05242

REGISTERED NO.....

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Monument ST., 54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Charkatz

(a) RESIDENCE NO. 1420 E. Baltimore ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 18 yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lina Charkatz

6 DATE OF BIRTH (month, day, and year) Jan 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	1888	Jan.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia (State or country)

PARENTS

10 NAME OF FATHER Isaac Charkatz

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Rachmilees

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant Lina Charkatz (Address) 1420 E Balto

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 19 26

17

I HEREBY CERTIFY, That I attended deceased from Dec 7 1925 to Jan 3 1926

that I last saw him alive on Jan 3 before 4 A.M. 1926

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

(duration) ..... yrs. ..... mos 28 ds.

CONTRIBUTORY (Secondary) Chronic bronchitis. Myocardial decompensation (duration) ..... yrs. ..... mos. 23 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Dec. 12, 1925

Was there an autopsy? Drainage of gall bladder

What test confirmed diagnosis?

(Signed) S. Brothers Linde, M. D.

1/3. 1926 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel	Jan 3 1926

20 UNDERTAKER Sol Linsman & Bro ADDRESS 1827 E Balto St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135

E 05243

1-PLACE OF DEATH

City of BALTIMORE: (No. 923 Washington Boulevard St., 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Joseph Lody

(a) Residence No. 923 Washington Blvd St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6-DATE OF BIRTH (month, day and year) Jany 31 / 1847

7-AGE, 77 yrs. 11 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Printer Retired

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Valentine Lody

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Germany (State or Country),

14- (Informant) Carrie Lody

(Address) 923 Washington Boulevard

15- Filed, 192. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jany 1st / 26

17- I HEREBY CERTIFY, That I attended deceased from November 3 1925 to Jany 1st 1926

that I last saw him alive on December 30th 1925

and that death occurred, on the date stated above, at 10-10a m.

The CAUSE OF DEATH* was as follows:

Hypertrophy Prostate

Urinary Retention,

(Duration) 2 or more yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyelitis

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Cobal W Athey M. D.

Jan 2. 1926 (Address) 100 S Potter & Parker

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Jan 4 DATE OF BURIAL. 19 26

20-UNDERTAKER. Knell & Son ADDRESS 917 Wash Blvd

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05244 E 05244

CERTIFICATE OF DEATH.

45

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 136 WARD)

2-FULL NAME Mrs Hortense Guggenheimer

(a) RESIDENCE NO. 932 Bonhomme ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Guggenheimer

6 DATE OF BIRTH (month, day, and year) June 16-1883

7 AGE	Years	Months	Days 16	If LESS than 1 day, hrs. or min.
	42	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Elias Rosenbaum

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Marie Fox

13 BIRTHPLACE OF MOTHER (city or town) Phila. (State or country) Pa.

14 Informant Mr. Chas. Guggenheimer (Address) 932 Bucknell Lane

15 Filed , 19 . Registrar

JAN 3 1926 HUBERT R. KRAUTER Municipal Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2 1926

17

I HEREBY CERTIFY, That I attended deceased from 12-13, 1925, to 1-2, 1926,

that I last saw her alive on 1-2, 1926,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Transverse Colon

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure Peritoneal Abscess

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of (1) Dec 28 (2) 12-29

Was there an autopsy? (1) Colostomy (2) Incision + Drainage

What test confirmed diagnosis? Clinical & Operative

(Signed) Philip Jacobson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (2) Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Har Sinai Cem.

DATE OF BURIAL 1/4/ 1926

20 UNDERTAKER Harry Sondheim

ADDRESS 1818 W. Mt. Royal Ave

Spec.—1-10-21—M&T 1500 Bks. EUTAW PLACE + LAKE DRIVE.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

B 05245 112 B 05245

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Rutland Av. & Monument St., 13-6 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Meyer A. L. Frank

(a) RESIDENCE NO. Esplanade Apts ST. 8 E WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	5 6	27 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Leon Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Kirschman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Edward Frank
(Address) Esplanade Apts.

15 Filed ....., 19 ..... Registrar

ROBERT R. KRAUTER
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2/ 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925, to Jan 2, 1925.
that I last saw him alive on Jan 2, 1925
and that death occurred, on the date stated above, at 9 35 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure —
gastric dilatation

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Benign stenosis of pylorus
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? At home
Did an operation precede death? Yes Date of 12/21/25
Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) D. Arthur Linde M. D.
19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem. DATE OF BURIAL 1/4/ 1926

20 UNDERTAKER Abrd Sondheim ADDRESS 118-20 W. Mt. Royal Ave.

Cor.—1-12-23—M&T—100 Bks.

(KOPP)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05246

CERTIFICATE OF DEATH.

185 E 05246

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Kopp Koff

(a) RESIDENCE NO. 128 S. Washingtog St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) March 14/1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	16	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Andrew Hopp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER G. Fleishman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Elizabeth Kopp (sister

(Address) 128 S. Washington St

Filed ... 192 ... Registrar

ROBERT R. KRAUTER
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1/26 92

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Terminal)
(Fell down stairs, while drunk & fractured left femur. Developed alcoholic psychosis) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. C. Walter, M. D. (Coroner.)

1/2/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Jan 4 1926

20 UNDERTAKER Wendell Bippel & Son

ADDRESS 3781 Mmm

Spec—7-10-21—M&T—1500 Bks.

18743

E 05247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 E 05247

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 76-7 WARD)

2-FULL NAME Edward Leroy Cole

(a) RESIDENCE NO. Eastern Ave & 26th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
male	white	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 21st 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER H. C. Cole

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Florence Eadleston

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 3 1926 19 ROBERT R. KRAUTER, Registrar
HEALTH COMMISSIONER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2nd 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925 to Jan 2nd 1926, that I last saw h~~im~~alive on Jan 2nd 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, broncho

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. 25 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Jan 3 1926
20 UNDERTAKER	ADDRESS
Wm C. Miller & Son	2334 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

E 05243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 05243

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 N. Patterson Park Ave. ST., 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian P. Hohmann

(a) RESIDENCE NO. 934 N. Patterson Park Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5 - 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer John Hopkins Hospital

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER John S. Hohmann

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Cima Kirsman

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14

Informant Rosa Hohmann

(Address) 934 N. Patterson Park Ave

15

Filed: ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Dec 31, 1925.

that I last saw h. alive on Dec 31, 1925

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cancer of Lung

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) C. E. Heuer, M. D.

Jan. 1926 (Address) 1361 N Rat St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 4 1926

20 UNDERTAKER ADDRESS

Wm. C. Miller & Son 2337 Jefferson St

ROBERT P. KRAUTER
Board Permit Clerk.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05249 E 05249

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp ST. 25-4 WARD)

2-FULL NAME Genora May Hansel

(a) RESIDENCE NO. 501 Annapolis Blvd. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry George

6 DATE OF BIRTH (month, day, and year) Sept 16 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York
(State or country)

PARENTS

10 NAME OF FATHER Herman McLaren

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Canada

12 MAIDEN NAME OF MOTHER Maude Rideout

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Canada

14 Informant Henry Hansel
(Address) 501 Annapolis Boulevard

15 Filed ..... 19 ..... Registrar

APR 3 1926 ROBERT R. KRAMER
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1925, to Jan 2, 1926;

that I last saw her alive on Jan 2, 1926

and that death occurred, on the date stated above, at 5 A.M. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.
Nephritis.
Myocarditis Chronic.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James L Nelson, M. D.

, 19 (Address) 1213 Eight St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Jan 5 1926 DATE OF BURIAL

20 UNDERTAKER Wm Cook ADDRESS 502 E Hoffman

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05250

CERTIFICATE OF DEATH.

X 90

E 05250

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Strickland ST. 30-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Bagnall.

(a) RESIDENCE No. Millersville, Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur M. Bagnall

6 DATE OF BIRTH (month, day, and year) Nov 21 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER William Andrew Hook

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice Busch.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Arthur M. Bagnall. (Address) Millersville, Md.

15 Filed ....., 19.... HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 — 1 — 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov 29 — 1925, to 1 — 1 — 1926, that I last saw her alive on 1 — 1 — 1926, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease.

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Kiland, M. D.

1 — 1 — 1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine DATE OF BURIAL Jan 5 1926

20 UNDERTAKER J. C. Cook ADDRESS 502 E Fort Ave

Spec.—8-24-14—M. & T.—2000 Bks.

E 05251 E 05251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 N. Barre St. WARD) 721 REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Hummer

(Residence in Baltimore: No. 653 N. Barre St. St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, July 5th (Month) (Day), 1863 (Year)

7-AGE, 62 yrs. 5 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work /
(b) General nature of industry, business, or establishment in which employed (or employer) /

9-BIRTHPLACE, (State or Country) Baltimore, Md

PARENTS.

10-NAME OF FATHER, Ernest Zellmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Kesser

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret C. Hileman

(Address) 653 N. Barre

15-

Filed ..... 191.....

Registrar.

DEC 3 - 1925 ROBERT R. KRAUSE, BOARD CLERK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 31, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 30th 1925, to Dec 30th 1925, that I saw her alive on Dec 30th 1925, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Diabetes Mellitus

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemic Convulsions

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) H. J. Carrico M. D.

Dec 31, 1925 (Address) 412 N. Cal. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 62 yrs. 5 mos. 26 ds. In the State 62 yrs. 5 mos. 26 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, Jan 2, 191...

20-UNDERTAKER Geo Lumbrick & Son — ADDRESS 649 W Pratt St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05252

CERTIFICATE OF DEATH.

179 E 05252

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Lancaster ST. 7-V WARD)

2-FULL NAME John Pilut

(a) RESIDENCE NO. 1736 Lancaster ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 1868

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

040

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Mathews Pilut

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant M. Miesniera

(Address) 1736 Lancaster St

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1925, to Jan. 1, 1926,

that I last saw him alive on Jan. 1, 1926

and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Andrew Kunkowski, M. D.

, 19 (Address) 2529 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Jan 4 1926
20 UNDERTAKER	ADDRESS
F. K. Ozazewski	1938 Eastern Ave

JAN 3 - 1926 ROBERT R. KRAUSER, Registrar of Vital Statistics

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05253

CERTIFICATE OF DEATH.

87 E 05253

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, St. H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Hillsinger

(a) RESIDENCE NO. Glenburnie, Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. – mos. – ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child.

6 DATE OF BIRTH (month, day, and year) 1918-

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	–	–	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ft. Wayne, Ind.

PARENTS

10 NAME OF FATHER Claude Hillsinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Nellie Sheppard.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington, D.C.

14 Informant Harry Belt.

(Address) 618 - Dumbarton Ave.

15 Filed ....., 19 ..... Registrar

JAN 3 1926 ROBERT P. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 – 2 – 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1925, to Jan. 2, 1926.

that I last saw h.w alive on Jan. 2, 1926.

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema & Myocardial Failure - Secondary to Purulent Pericarditis & Staphylococcus Pyemia.

(duration) yrs. mos 3 ds.

CONTRIBUTORY - (Secondary) Purulent Pericarditis

(duration) yrs. mos. 6 weeks ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? Yes Date of 12/12/25. Pericardotomy. DRAINAGE OF PERICARDIUM

Was there an autopsy? No.

What test confirmed diagnosis? Blood Culture etc. CAVITY

(Signed) Leo J. Brown. M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C.

DATE OF BURIAL Jan. 4 1926

20 UNDERTAKER Joseph P. Ott

ADDRESS 1003 W. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

E 05254 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 05254

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 W. Fairmount Ave ST. 20 WARD)

2-FULL NAME Maurice C. Bollman

(a) RESIDENCE NO. 2722 W. Fairmount Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 19th 1905

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Government

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Charles A. Bollman

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Lillian M. Grace

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Mrs. Josephine C. Travis
(Address) 2722 W. Fairmount Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1925, to Jan. 1, 1926.

that I last saw him alive on Jan 1, 1926,

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs

From history (duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physical Exam.

(Signed) Austin T. Robinson M. D.

1/2 1926 (Address) 836 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Jan 4th 1926

20 UNDERTAKER Joseph F. Cook

ADDRESS 1003 W Balto St

ROBERT R. KRAMER
Registrar of Vital Statistics

Spec.—10-21—M&T—1500 Bks.

1869 35

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05255

CERTIFICATE OF DEATH.

57

E 05255

1-PLACE OF DEATH :

REGISTERED NO.

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Ayers.

(a) RESIDENCE NO. 2219 E. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred About 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widow

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Widow Charles F. Ayers

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Michael Sack

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Yavicke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

JAN 3 - 1926 ROBERT R. KRAUTER Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1925, to Jan. 2nd, 1926, that I last saw h[er] alive on Jan 2nd, 1926, and that death occurred, on the date stated above, at 3:20 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ? 1 yr. mos ds.

CONTRIBUTORY (Secondary) Gangrene Rt. Foot for 3 wks.

Bronchio-pneumonia (duration) for 1 wk yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? Yes Date of Dec 5. 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Sugar over 300 mg per 100 cc

(Signed) E. Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (2) Nature of Injury, and (3) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Western

DATE OF BURIAL JAN 4 19 192

20 UNDERTAKER: Geo W. Little

ADDRESS 1[illegible] EDMONDSON AVE.

Cor.—1-12-23—M&T—100 Bks.

E 05256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05256

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 E. Madison St ST. 2-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christine Muth

(a) RESIDENCE No. 613 S. Bethel St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Henry Muth

DATE OF BIRTH (month, day, and year) June 22/1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamtress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER George Bonhack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant George Bonhach (nephew)

(Address) 1731 E. Oliver St

Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. C. Wallen, M. D.

(Coroner.)

1/2/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Jan 4 1926
20 UNDERTAKER	ADDRESS
A. Sanders Sons Inc.	1710 Fleet St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05257 — 129 — E 05257

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 6215 York Road St. 27-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Crone

(a) Residence No. 6215 York Road St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Crone

6-DATE OF BIRTH (month, day and year): Sept 12 1851

7-AGE: 74 yrs. 3 mos. 18 ds. If LESS than 1 day, hrs. or, min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: Thomas Davis

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14-
(Informant): Hannah Dunning
(Address): 6215 York Road.

15-
Filed ....., 192.. Registrar.

JAN 3 - 1926 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 1-1926.

17- I HEREBY CERTIFY, That I attended deceased from November 5, 1925 to January 1, 1926, that I last saw h[illegible] alive on January 1, 1926, and that death occurred, on the date stated above, at 6 10 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis 10 yrs +
Chr. Int. Nephritis 5 +
Chr. Myocarditis 5 +
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia
(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. K. Bishop M. D.

Jan 3, 1926 (Address) 601 Sherwood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: Jan 4, 1926

20-UNDERTAKER: Pugh & Son Inc — ADDRESS: 411 W. Fay.

Cor.—1-12-23—M&T—100 Bks.

Clifton

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05258

CERTIFICATE OF DEATH.

X 182

E 05258

1-PLACE OF DEATH Harbor

CITY OF BALTIMORE: (No. Forty Wolfe St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Clifton

(a) RESIDENCE NO. Chesapeake City ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Mar 7th 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	9	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman on Pig Boat
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Southern Pras. Co. 086

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Geo H Clifton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Adelaid Bummer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant C C Paul & Co

(Address) Gay & Lombard st

Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) fell between wharf + wrecking vessel

(duration) yrs. mos. ds.

(Signed) James M Hunter, M. D. (Coroner.)

Dec 2, 1925 (Address) 700 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elkton Cem Md DATE OF BURIAL Jan 4th 1926

20 UNDERTAKER George Schilling & Sons ADDRESS 1126 Madison st

Burial Permit Clerk.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05259

CERTIFICATE OF DEATH.

181-001

E 05259

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 E. Biddle ST. 11-3 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Randall

(a) RESIDENCE No. 324 E. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	S.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waldsman
(b) General nature of industry, business, or establishment in which employed (or employer) 062
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Wm. Randall

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Howell

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Howard M. Gardner
(Address) 2214 E. Pratt st

15 Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia due to Drowning
Acc. accident
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. P. Riley, M. D.
Jan 2, 1926 (Address) 1654 Bway (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan 4th 1926
20 UNDERTAKER George Schulling & Sons	ADDRESS 1115 E Mount

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05260

CERTIFICATE OF DEATH.

94-001

E 05260

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 143 E North ave ST. 17-6 WARD)

2-FULL NAME William F. Mosar McCarty

(a) RESIDENCE NO. 143 E North ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lisa F McCarty

6 DATE OF BIRTH (month, day, and year) July 4 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	5	29 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chemist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Charles F M. McCarty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Susan Phrazer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Lisa F McCarty

(Address) 143 E North ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1925, to Jan 2, 1926, that I last saw him alive on Jan 2, 1926, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. 10 mos 10 ds.

CONTRIBUTORY (Secondary) Debility (Senile)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W White M. D.

19 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan 6th 1926
20 UNDERTAKER	**ADDRESS**
George Schilling & Sons	N 26 E Monument

JAN 3 1926 ROBERT R. KNAUFF

Spec.—1-10-21—M. (Angina changed) See Letter on file from Dr D P Aldgia dated 10-12-26.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05261

CERTIFICATE OF DEATH.

90 E 05261

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 Mallow Hill ave ST. 26-5 WARD)

2-FULL NAME Capt. Jonathan E. Mosley

(a) RESIDENCE No 17 Mallow Hill ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mosley 1866

6 DATE OF BIRTH (month, day, and year) 12/13 12/12 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59 ~~66~~		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Capt. 061

(b) General nature of industry, business, or establishment in which employed (or employer) Balto Police Dept;

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Chas. T. Mosley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Caroline Mallaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Mosley

(Address) 17 Mallow Hill ave

15 Filed ....., 19 ..... Registrar

ROBERT R. KRAUSE, Registrar

JAN 3 1926

Baltimore County

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/1 1926

17

I HEREBY CERTIFY, That I attended deceased from March, 1923, to Jan 1, 1926.

that I last saw him/her alive on Jan 1, 1926.

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation, Enlarged heart; Myocarditis Pneumonia Congestion.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Convulsion; Coma.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Findings

(Signed) Duncan Rogers M. D.

19 (Address) 3326 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	1/4 1926
20 UNDERTAKER J. A. Moran	ADDRESS 3000 E. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05262

CERTIFICATE OF DEATH.

90 E 05262

1-PLACE OF DEATH — Edw. Hampden

CITY OF BALTIMORE: (No. 3713 Elma ave ST. 5-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Siegel

(a) RESIDENCE No. 1224 St Matthews ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? 17 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 137

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nochim Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Leah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacob Siegel

(Address) 1224 St Matthews st

15 Filed ....., 19 ..... Registrar

JAN 3 1926 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/3/ 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1925, to Jan 2, 1926.

that I last saw h alive on 2nd of Jan, 1926

and that death occurred, on the date stated above, at 7 4 m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Hypertension, myocarditis

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Nathan Hellfont, M. D.

, 19 (Address) 1778 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run

DATE OF BURIAL 1/3/ 1926

20 UNDERTAKER Sol Levinson + Bro

ADDRESS 1127 E Belto st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05263 E 05263

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Buckis.

(a) RESIDENCE NO. St Vincents Orphanage ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE 14 Years | Months | Days | If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Errand boy.

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) " "
(State or country)

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) " "
(State or country)

14 Informant Hospital Record
(Address)

15 Filed JAN 3 - 1926, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1925 to Jan 3, 1926.

that I last saw him alive on Jan 3, 1926.

and that death occurred, on the date stated above, at 3.20 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis -

CONTRIBUTORY (Secondary) Cardiac decompensation (duration) yrs. 1 mos 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) W. E. Young M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/4 1925

20 UNDERTAKER Thomas & Son

ADDRESS 703 N. Calvert St.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05264 — CERTIFICATE OF DEATH. — 90 — E 05264

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1819 Covington St. ST. 24-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Quinn.

(a) RESIDENCE NO. 1819 Covington St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

10 If married, widowed, or divorced, WIFE or HUSBAND of Mary Quinn.

DATE OF BIRTH (month, day, and year) March 10, 1841

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	9	22	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Michael Quinn.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Byrne.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mary A. Quinn. (daughter)
(Address) 1819 Covington St.

Filed ..... 192 ..... Registrar

JAN 3 - 1926 ROBERT R. KRAMER Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Leonhardt M. D.
(Coroner.)

Jany. 2, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	Jan 4, 1926
UNDERTAKER Margaret E. Flynn	ADDRESS 1411 Light St.

Cor.—1-12-25—M&T—100 Bks.

E 05265

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05265

CERTIFICATE OF DEATH.

183

1-PLACE OF DEATH — Pronounced dead at

CITY OF BALTIMORE: (No. St Joseph Hospital ST. 5-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME — Marie Fornesono

(a) RESIDENCE NO. 216 N. Eden St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ciro Fornesono

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38 to 43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocery store
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sarno Italy

10 NAME OF FATHER Sebersbiano Finio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

PARENTS

14 Informant (Address) Ciro Fornesono 216 N. Eden St

15 Filed ... 192 ... Registrar

ROBERT R. KRAUTER
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage- pistol shot wound (under chin thru vault of cranium. (Pistol probably accidently discharged while she was trying to draw same on husband.)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Paker, M. D. (Coroner.)

1/3/25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Holy Redeemer — DATE OF BURIAL Jan. 4 1926

20 UNDERTAKER Richard F. Curley — ADDRESS 1621 N. Wash. Av.

E 05266

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05266

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 136 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William C. S. Lilling

(Residence in Baltimore: No. 7337 Linden Ave St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. December 7th 1854
(Month) (Day) (Year)

7-AGE. 71 yrs. 0 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer). Self in Grocery

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. William C. Lilling

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Marion Hunt

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm C. Lilling

(Address) 7333 Linden Ave

15-
Filed JAN 4 - 1926 192
HUBERT R. KRAUTER, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1st 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Obstruction of Bowels
Operation
(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock
(Duration) yrs. mos. ds.

(Signed) G. E. T. Blades M. D.
(Coroner)
Jan 2 26 (Address) 1432 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	Jan. 4th 1926
20-UNDERTAKER. Joseph L. Cook	ADDRESS. 1003 N. Eutaw St

Cor.—1-12-25—M&T—100 Blks.

05267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-002

159 E 05267

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1246 Glyndon Ave ST.) 21-V (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Geo. Dasch

(a) RESIDENCE NO. 1246 Glyndon Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted]

DATE OF BIRTH (month, day, and year) Dec 26/25

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	=	6 7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto.
(State or country)

10 NAME OF FATHER Wm Dasch

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Chicago, Ill

12 MAIDEN NAME OF MOTHER Catherine Brady

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto

Informant Wm Dasch
(Address) 1246 Glyndon Ave

Filed ....., 192 .....
Registrar

ROBERT R. KRAUTER,
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2nd 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to his death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos B. Horton, M. D.
(Coroner)

Jan 3rd, 1926 (Address) Curtis Bay, Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional instructions.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 4 1926
20 UNDERTAKER	ADDRESS
Wm Fields	1200 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05268

CERTIFICATE OF DEATH. X 129

E 05268

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4211 Belview ave WARD) 28-1

2-FULL NAME Martha J. Beck

(a) RESIDENCE No. 4211 Belview-ave ST., WARD Kentucky
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James B Beck

6 DATE OF BIRTH (month, day, and year) Oct. 18, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Kentucky
(State or country)

PARENTS

10 NAME OF FATHER Rackerby Beck

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant Harry M Beck
(Address) 4211 Belview Ave

15 Filed JAN 4 - 1926, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1925. to Jan 2. 1926.

that I last saw her alive on Jan 1. 1926.

and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs.+ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chronic Nephritis

(Signed) Walter C Bacon, M. D.

1/3. 1926 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Minneapolis Minn — DATE OF BURIAL Jan 4 1926

20 UNDERTAKER E Le Roy Stiffler — ADDRESS 125 North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05269 — 16 — E 05269

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — City of BALTIMORE. (No. 626 Redwood St., 4-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill ont No. 18.)

2-FULL NAME Geo Elmer Hamilton

(Residence in Baltimore: No. 626 Redwood St.; yrs. 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Dec (Month) 15 (Day) 1854 (Year)

7-AGE: 39 yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Gas Purifying Dept

9-BIRTHPLACE, (State or Country): Balto Co

PARENTS:

10-NAME OF FATHER: Geo E Hamilton

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Matilda Potts

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Blanche Hamilton

(Address) Towson Md

15-

Filed ....., 192.....

Registrar.

HUBERT F. KRAFFT
APR 4 1926
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan (Month) 2 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Gas Poisoning Ill.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary): Asphyxia

(Duration) ....yrs. ....mos. ....ds.

(Signed) C E Yates M. D. (Coroner)

Jan 2/26 (Address) 43 E Biddle

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: Jan 4 1926

20-UNDERTAKER: E Le Roy Shipley — ADDRESS 12 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05270

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 05270

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 Argyle ST. 17-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry W. Bailey Sr.

(a) RESIDENCE NO. 1301 Argyle Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Bailey

6 DATE OF BIRTH (month, day, and year) Nov. 7. 1834

7 AGE — Years: 91 — Months: 1 — Days: 26 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Shoe Maker.

(b) General nature of industry, business, or establishment in which employed (or employer): 08

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Reuter Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Henry W. Bailey Jr.
(Address) 1139 W. Cross St.

15 Filed JAN 4 - 1926, 19 ... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 29th, 1925, to Jan 1st, 1926, that I last saw him alive on Jan 1st, 1926, and that death occurred, on the date stated above, at 7.a.m.

The CAUSE OF DEATH* was as follows:

Chr. Myocardial Insufficiency

(duration) 1 yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Chr Nephritis

(duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. H. Lautenbach M. D.

1-2-, 1926 (Address) 2215 N. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 4 1926

20 UNDERTAKER: Mr & Mrs. John H. Tenfel & Son — ADDRESS: 801 N. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05271

CERTIFICATE OF DEATH.

90 E 05271

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Athol Terrace Frederick 2825 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Zies

(a) RESIDENCE No. Athol Terrace Frederick WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Zies

6 DATE OF BIRTH (month, day, and year) Feb. 14. 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 031

(b) General nature of industry, business, or establishment in which employed (or employer) Machinist

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John F. Zies

(Address) 3013 Winfield Ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3. 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1925, to January 3, 1926, that I last saw him alive on January 2, 1926, and that death occurred, on the date stated above, at 9. A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clynical Signs

(Signed) J. Leroy J. Faber, M. D.

1/3, 1926 (Address) Irvington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL Jan 5, 1926

20 UNDERTAKER Mrs. John W. Teufel & Son ADDRESS 801 W Fayette

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05272 — 161 — 05272

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 E. Chase ST.: 8 — WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Virginia Euber

(a) RESIDENCE. No. 2002 E. Chase ST., 8 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) Dec. 28-1925

7 AGE — Years: — Months: — Days: 5 4 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Clifton E. Euber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Eva E. Crockett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Clifton E. Euber

(Address) 2002 Chase St.

15 Filed JAN 4 1926 ROBERT R. KRAUTH, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan'y 2 — 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28 —, 1925, to January 2 —, 1926, that I last saw her alive on " 1 —, 1926, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth at six months gestation

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) ... (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Zeaby, M. D.

1-2-1926 Address 1223 N. Caroline st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. — DATE OF BURIAL: Jan 4 1926

20 UNDERTAKER: Geo M. Fenil & Son — ADDRESS: 811 N Wolfe

05273

HEALTH DEPARTMENT—CITY OF BALTIMORE

05273

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1026 Argyle Ave St. 17-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Wm N. Fisher

(Residence in Baltimore: No. 1026 argyle Ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-DATE OF BIRTH. about (Month) (Day) 1878 (Year)

7-AGE. 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer). gdn

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. John Fisher

11-BIRTHPLACE OF FATHER. (State or Country). Md

12-MAIDEN NAME OF MOTHER. Elizabeth Fisher

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Fisher

(Address) 1026 Argyle Ave.

15- Filed JAN 4 - 1926 ROBERT R. KRAUTER, Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 31 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Jan 2 1926 (Address) 280 Edmondson Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. National Lawn DATE OF BURIAL. 1/4 1926

20-UNDERTAKER. Samuel J. Hennessy ADDRESS 28 Bolton

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05274

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 33 Warner St. St., 25 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles Foster

(a) Residence No. 33 Warner St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 30-1849

7-AGE, 26 yrs. 6 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Foster

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Emma Queen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Andrew Lovelace

(Address) 33 Warner St.

15- Filed, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1/1/26

17- I HEREBY CERTIFY, That I attended deceased from 12/29, 1925 to 1-1-, 1926

that I last saw h alive on 1-1-, 1926

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Rutland Dean, M. D.

, 19 (Address) 1127 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn Cem. DATE OF BURIAL 1-4-26

20-UNDERTAKER David Brady ADDRESS Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05275

CERTIFICATE OF DEATH.

58-001

27-12

E 05275

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 4701 Hayford Road ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Blanche Hall

(a) RESIDENCE No. 4701 Hayford Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 30-1887

7 AGE — Years: 38 — Months: — — Days: 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Beverly D. Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Jane Thompson

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Beverly D. Hall (Address) 4701 Hayford Road

15 Filed JAN 4 1926, 19 ROBERT A. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1-1926

17

I HEREBY CERTIFY, That I attended deceased from May 12 1923 to Jan 1 1926, that I last saw h alive on Jan 1 1926, and that death occurred, on the date stated above, at 4.25 P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion + Toxemia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pernicious Anaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Bruns, M. D.

1/2/26 (Address) 4786 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine — DATE OF BURIAL: Jan 4 1926

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 3631 Falls Road

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05276

90 E 05276

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE; (No. 2807 Bernard ST. 12-2 WARD)

2-FULL NAME Marshall A. Thirle

(a) RESIDENCE NO. 2807 Bernard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Laura M. Thirle

DATE OF BIRTH (month, day, and year) July 23-1870

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	5	9 10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Penna. R.R.

BIRTHPLACE (city or town) Anne Arundel Co (State or country) Maryland

10 NAME OF FATHER James A. Thirle

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Mary E. Anderson

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

Informant Mrs. Laura M. Thirle

(Address) 2807 Bernard Ave.

Filed JAN 1 - 1926 Registrar

ROBERT R. KRAUTER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Valvular disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Morrison, M. D.

(Coroner.)

Jan 3, 1926 (Address) 2632 Rolandave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Jan 5 1926

20 UNDERTAKER Horace H. Burgee — ADDRESS 3631 Falls Rd

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05277

CERTIFICATE OF DEATH.

129 E 05277

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST., 7800-1 WARD)

2-FULL NAME George H. Clarken

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 6 mos. — ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary A. Clarken Mrs Clarken

6 DATE OF BIRTH (month, day, and year) June 13-1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68 yrs	11	20	19

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 11

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Clarken

11 BIRTHPLACE OF FATHER (city or town) (1) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Dowling

13 BIRTHPLACE OF MOTHER (city or town) (2) (State or country) Ireland

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Md.

15 Filed ....., 19 ..... Registrar

JAN 4 - 1926 ROBERT R. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 19 25, to Jan 2, 19 26, that I last saw h[illegible] alive on Jan 2, 19 26, and that death occurred, on the date stated above, at 10:35 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis - Cum Uremia

abt (duration) 0 yrs. 9 mos 0 ds.

CONTRIBUTORY (Secondary) Senile Psychosis

abt (duration) yrs. 9 mos. 0 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank F. Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Jan. 5 1926

20 UNDERTAKER Horace H. Burgee — ADDRESS 623 Falls Rd.

Spec.—1-10-21—M&T—1500 Bks.

E 05278

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05278

CERTIFICATE OF DEATH.

38 V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 N. Bruce ST., 16-7 WARD)

2-FULL NAME Simon Anderson

(a) RESIDENCE No. 624 N. Bruce ST., WARD Virginia
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Melinda Anderson

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	65 —			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Simon Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Betsy Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary Johnson
(Address) 624 N. Bruce

15 Filed JAN 4 - 1926, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1925, to Jan 1, 1926
that I last saw h alive on Dec 31, 1925
and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Stricture of Oesophagus
(duration) Unknown
CONTRIBUTORY (Secondary) Probable Syph —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. G. Smith, M. D.

Jan 1 1926 (Address) 1611 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Keswick Va. — DATE OF BURIAL Jan 4 1926

20 UNDERTAKER Wm. Jos. H. Dennis & Wm. E. Talbert — ADDRESS 1305 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05279

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05279

CERTIFICATE OF DEATH.

25-5 100-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Arbuton Ave., Lakeland ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Edward Russell

(a) RESIDENCE NO. Arbuton Ave., Lakeland ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Nov. 2,1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER A. J. Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Etta Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co., Md.

14 Informant Mr. A. J. Russell
(Address) Arbuton Ave., Lakeland

15 JAN 4 - 1926 Filed ... 19 ... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 26. 1925. to Dec 31. 1925.

that I last saw him alive on Dec 31, 1925.

and that death occurred, on the date stated above, at 8.10 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia
(Duration) yrs. mos 5 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Dorsey M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 4 1926

20 UNDERTAKER Nelson E. Stiles — ADDRESS 320 Md Ave Westport

Dec.—1-12-23—M&T—500 Bks.

05280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 5213 D 05280

CITY OF BALTIMORE; (No.) Colonial Hospital ST., (Colored WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank B Johnson

(a) RESIDENCE No. 1328 N. Carey St ST., Colored WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Johnson

DATE OF BIRTH (month, day, and year) unknown 187?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture wagon

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto Co md

10 NAME OF FATHER John W Johnson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co md

12 MAIDEN NAME OF MOTHER Ellen Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co md

Informant Susie Johnson

(Address) 1328 N. Carey St

Filed JAN 4 1926, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1—1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Jan 1st, 1926, that I last saw h/m alive on Jan 1st, 1926, and that death occurred, on the date stated above, at 2 50 P m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Chronic cardiac valvular disease (duration) 5 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas D. Brunkow, M. D.

(Address) 1122 No Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn cemetery	1/4 1926
20 UNDERTAKER Mrs Gus H. Dennis per T. E. Kelson	ADDRESS 1303 Pressman St

Spec.—1-10-21—M&T—1500 Blks.

E 05281

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

129 E 05281

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 708 N. Kenwood Ave ST. 1-3 WARD)

2-FULL NAME Solomon J. Levie

(a) RESIDENCE NO. 708 N Kenwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Levie

6 DATE OF BIRTH (month, day, and year) Sept 26-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	66	3-	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sergeant of Police

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer City

9 BIRTHPLACE (city or town) ..... (State or country) New Jersey

PARENTS

10 NAME OF FATHER Henry Levie

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Europe

12 MAIDEN NAME OF MOTHER Gertrude Vandebuck

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) New Jersey

14 Informant Gertrude Levie
(Address) 708 N. Kenwood Ave

15 Filed JAN 4 - 1926, 19.. ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1925

17 I HEREBY CERTIFY, That I attended deceased from March, 1924, to Dec 31, 1925, that I last saw her alive on Dec 31, 1925, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Arterial Hypertension
Hemiplegia - (had 3 attacks).
Chr. Nephritis.

(duration) 4 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Myocardial insuff.

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ...

Was there an autopsy? no.

What test confirmed diagnosis? Yes - Urinary exam

(Signed) Louis R. Krumrein, M. D.

(Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 4 1926

20 UNDERTAKER H. J. Eschmeyer & Son — ADDRESS 1 Calk Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05282

CERTIFICATE OF DEATH.

57 V 05282

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 528 Rossiter Ave ST. 27-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E George

(a) RESIDENCE NO. 528 Rossiter Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellwood L George

6 DATE OF BIRTH (month, day, and year) June 14, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
72	71	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Deals Island Md

PARENTS

10 NAME OF FATHER William T Tomlinsley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Fred L Rever

(Address) 528 Rossiter Ave

15 Filed JAN 4 - 1926 19 REUBEN R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1925 to Jan 1 1926

that I last saw her alive on Dec 28 1925

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Thos Tinsley M. D.

Jan 2 1926 (Address) 2938 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem Lorraine

DATE OF BURIAL Jan 5 1926

20 UNDERTAKER Wm Cook

ADDRESS 1202 N Caroline

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05283

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 05283

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No 1119 Hillen St. St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace H. Heltzel

(a) Residence No. 1119 Hillen St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: W.

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: William Heltzel

6-DATE OF BIRTH (month, day and year): Jan 4 1872

7-AGE: 54 yrs. 0 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): New York

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): New York

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): New York

14-

(Informant): William H. Heltzel

(Address): 1119 Hillen St

15-

Filed..... 192.....

Registrar.

ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 2 1926

I HEREBY CERTIFY, That I attended deceased from Dec 25 19.. to Jan 2 19 26

that I last saw h.. alive on Jan 2 19 26

and that death occurred, on the date stated above, at 10 30 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Rheumatic

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Auricular Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Evidence

(Signed) Fred Burdette M. D.

JAN 4 1926 19 (Address) 1000 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: Jan 4 1926

20-UNDERTAKER: Williams Cook

ADDRESS: 502 E Northern

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05284 E 05284

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Ivos

(a) RESIDENCE No. 616 W Cross ST., WARD

(Usual place of abode)

Length of residence in city or town where ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tool Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Joseph P. Ivos.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Hospital Records.

(Address)

Filed ..., 19 ... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1925, to Jan 2, 1926, that I last saw h[illegible]live on Jan 2, 1926, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Lab findings

(Signed) W. B. McFarland M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity DATE OF BURIAL Jan 4 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E Northwood.

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05285

CERTIFICATE OF DEATH.

10 1 26 05285

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2537 Fleet Street ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wiktorya . Stanowski

(a) RESIDENCE NO. 2537 Fleet Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 10 1925

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John. Stanowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mt Pleasent Pa.

12 MAIDEN NAME OF MOTHER Josephine. Romecki

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mt. Pleasant Pa.

Informant Mr. John . Stanowski

(Address) 2537 Fleet Street

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/3/26

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 3, 1926, that I last saw h[illegible] alive on Jan 3, 1926, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Francis Janowski, M. D.

1-4, 1926 (Address) 248 Fait Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem. Jan	4 1926
20 UNDERTAKER	ADDRESS
John McWeber	1803 Bank St

pec.—1-12-23—M&T—500 Bks.

E 05286

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 05286

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 S. Luzerne Ave ST. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonia. Winters

(a) RESIDENCE No. 522 S. Luzerne Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Sep. 22 1862

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	3	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particulsr kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Czecho Slowak

10 NAME OF FATHER Michael . Hejhal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Czecho Slowak

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Czecho Slowak

Informant (Address) Mr. Fred Koch Son In Law 522 S. Luzerne Ave.

Filed JAN 4 1926, 19 ROBERT N. KRAETER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2/26 19

17

I HEREBY CERTIFY, That I attended deceased from Jan. 2, 19 26, to Jan. 2, 19 26.

that I last saw h[illegible] alive on Jan 2, 19 26,

and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Angina Pectoris

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Andrew Kurzrock, M. D.

, 19 (Address) 2579 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cem. DATE OF BURIAL Jan 5 1926

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05287

CERTIFICATE OF DEATH.

92 E 05287

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Calvert & Center St. 11-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephan J Purgan

(a) RESIDENCE NO. Calvert & Center ST., 4 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Div.

If married, widowed, or divorced HUSBAND of (or) WIFE of Div.

DATE OF BIRTH (month, day, and year) May 2/1881

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	7	30	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Confectioner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country)

10 NAME OF FATHER A J. Purgan

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER M. Krauft

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

Informant Mary Frank Purgan
(Address) 3190 E. 21st st.

Filed ....., 192 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmon. Embolism
Embolism

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. L. Ruby, M. D.
(Coroner.)
Jan 1 1926 (Address) 1054 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 5 1926

20 UNDERTAKER Jos J. Hunt & Son — ADDRESS 156 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

E 05288

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05288

CERTIFICATE OF DEATH.

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 East Lepmi ST. 10-4 WARD)

2-FULL NAME Johanna Amrhein

(a) RESIDENCE NO. 433 East Lepmi ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John F. Amrhein

6 DATE OF BIRTH (month, day, and year): Feb 19 - 1865

7 AGE: Years 60 | Months 10 | Days 13 14 | If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John F. Amrhein

(Address): 433 East Lepmi

15 Filed ..., 19... Registrar

JAN 4 - 1926 ROBERT R. KRAUTER, Mental Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1925 to Jan 1st 1926.

that I last saw her alive on Dec 31st, 1925,

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma of Uterus

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary): Cancerous toxin

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 1925

Was there an autopsy? No

What test confirmed diagnosis? Gross & microscopic exam. of growth

(Signed) Wm. F. Stamper, M. D.

, 19 (Address) 1013 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Jan 5 1926

UNDERTAKER: F. B. Klepfer

ADDRESS: 850 W. Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

E 05289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 ✓

E 05289

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 Railroad Ave ST. Millvale Pk. 25-B WARD)

2-FULL NAME Earnest Nicholas

(a) RESIDENCE NO. 106 Railroad Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 8 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 14-1894

7 AGE: Years 31 Months 8 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Adam Nicholas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margt Lachner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Annie Thiergartner

(Address) 106 Railroad Ave

15 Filed JAN 4 - 1926, 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1. 1925 to Jan 2 1926

that I last saw h alive on Jan 2 1926

and that death occurred, on the date stated above, at 8.A.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. D. Driscoll M. D.

, 19 (Address) 1211 Mulberry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan 4th 1926

20 UNDERTAKER: F.B. Kappist — ADDRESS: 1850 W Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

E 05290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05290

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 16-4 ST., WARD)

2-FULL NAME Betty May Scharon

(a) RESIDENCE NO. 912 N. Appleton St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 9, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Robert Scharon

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Helen Derenberger

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country)

14 Informant Helen Scharon

(Address) 912 N Appleton

15 Filed JAN 4 - 1926, 19 Registrar ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 2, 1926.

That I last saw h[illegible] alive on Jan 2, 1926.

and that death occurred, on the date stated above, at 7 45 p m.

The CAUSE OF DEATH* was as follows:

Pertussis + Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron B. Tull, M. D.

1/3 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Jan 4th 1926

20 UNDERTAKER: F. B. Wippert — ADDRESS: 1850 W Balto St

Spec.—1-10-21—M&T—1500 Blks.

05291

HEALTH DEPARTMENT—CITY OF BALTIMORE

05291

CERTIFICATE OF DEATH.

44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3021 Presbury ST. (15-7 WARD)

2-FULL NAME Martha Elizabeth Cole

(a) RESIDENCE NO. 3021 Presbury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred all of life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Cole

6 DATE OF BIRTH (month, day, and year): Mar 23 1850

7 AGE — Years: 75 Months: 9 Days: 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James Cornelius

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary Morford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Mrs Mitchell 3021 Presbury

15 Filed , 19 Registrar

ROBERT K. KRAETER
Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1925. to Dec 31, 1925.

that I last saw h[illegible] alive on Dec 31, 1925.

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach & Liver

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach & Liver (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? personal

(Signed) Walter S Corbett, M. D.

Jan 3 1926 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: Jan 4 1926

20 UNDERTAKER: C. A. Wiedefeld

ADDRESS: 501 E 22 St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05292

100-001

CERTIFICATE OF DEATH.

E 05292

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 S. East Ave ST. 27-12 WARD)

2-FULL NAME Donald Philip Himmer

(a) RESIDENCE NO. 151 Montebello Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 8-th 1920

7 AGE — Years: — Months: 5 Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Baltimore. Maryland

PARENTS

10 NAME OF FATHER: John C. Himmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Helen Herget

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant: John E. Himmer (Father)

(Address) 151 Montebello Terrace

15 Filed , 19 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3-rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1-st, 1926, to Jan 3-rd, 1926, that I last saw him alive on Jan 3-rd, 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Leedy, M. D.

1-8, 1926 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cardoza Cem.

DATE OF BURIAL: Jan 5 1926

20 UNDERTAKER: Finkler & Finkler

ADDRESS: 1739 E. Eager

Spec.—1-10-21—M&T—1500 Bks.

05293

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-001

E 05293

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Woodlea Place ST. (Gardenville) 27-13 WARD)

2-FULL NAME Theresa Dobos

(a) RESIDENCE NO. 2 Woodlea Place ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? 20 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Ernest Dobos

6 DATE OF BIRTH (month, day, and year): Nov 15 1885

7 AGE — Years: 40 — Months: 1 — Days: 18 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hungary

PARENTS

10 NAME OF FATHER: John Windisch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungary

12 MAIDEN NAME OF MOTHER: Agnes Schafer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hungary

14 Informant: Ernest Dobos
(Address) 2 Woodlea Place

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/3 1926

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1925 to January 3, 1926.

that I last saw her alive on January 3, 1926

and that death occurred, on the date stated above, at 2:15 A. m.

The CAUSE OF DEATH* was as follows:

Thyrotoxicosis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical Examination

(Signed) Albert Ehrenberg M. D.

1/3 1926 (Address) 2027 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 1/5 1926

20 UNDERTAKER: Philip J. Herwig

ADDRESS 2016 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

05294

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 05294

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 953 N Bond ST., 7-1 WARD)

2-FULL NAME Amelia Clark

(a) RESIDENCE NO. 953 N Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced (of) ~~HUSBAND~~ wife of Willis Clark

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) S.C.

PARENTS

10 NAME OF FATHER Willis Alfred.

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant W. J. Clark (son) 953 N Bond St
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1925 to Jan 2, 1926, that I last saw he alive on Jan 1, 1926 and that death occurred, on the date stated above, at 3:15 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

(duration) Unknown yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R J Gosling, M. D.

1/3, 1926 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jan 4 1926

20 UNDERTAKER Robert E Williams — ADDRESS 1515 McElroy St

Spec.—1-10-21 M&T 1500 Blks.

05295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 05295

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-1 WARD)

2-FULL NAME Charles J. Keenan

(a) RESIDENCE NO. 230 N. Greene ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	49	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) 003

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER David J Keenan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Derry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant W M Rountree
(Address) 223 N Wolfe

15 Filed JAN 4 - 1926, 19.....

ROBERT R. KRAUTER
Burial Permit Clerk.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2d 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29d, 1925, to Jan 2d, 1926, that I last saw h.IM. alive on Jan 2d, 1926, and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema
Substitution of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Diagnosis

(Signed) W M Rountree, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Jan 4 1926

20 UNDERTAKER W M Rountree

ADDRESS 223 N Wolfe St

Spec. 1-10-21 MAT 1500 Blks.

E 05296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

E 05296

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor, WARD)

2-FULL NAME Margaret Whalen.

(a) RESIDENCE NO. Poor House & Farm ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced, (write the word)~~: Widowed

6a ~~Married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Thomas Whalen

6b DATE OF BIRTH (month, day, and year) Unknown.

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James Cruse

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Florence. (Address) Poor House & Farm

15 Filed ....., 19 ..... Registrar

ROBERT R. KRAMER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2 1926

17 I HEREBY CERTIFY, That I attended deceased from ~~Of~~ Record, 19..., to ..., 19...

that I last saw her alive on Dec 27, 1925

and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of intestine

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Jany 2, 19 (Address) 1133 Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Jan 4 1926

20 UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Gruman Ave

Spec.—1-10-21—M&T—1500 Blks.

E 05297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 05297

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 W. Saratoga ST. H-1 WARD)

2-FULL NAME Sarah Jeffeby Smith

(a) RESIDENCE No. 642 W. Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Smith

6 DATE OF BIRTH (month, day, and year) ——— 1850

7 AGE: 75 Years . 45 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cutting fillings

(b) General nature of industry, business, or establishment in which employed (or employer): in a cigar factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dabney N. Carolina

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): .....

14 Informant (Address): William H Smith - 642 W Saratoga

15 Filed APR 4 1926, 19 ..... ROBERT R. KRAMER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan - 1 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 19 25, to Jan, 1, 19 26, that I last saw h alive on Jan - 1, 19 26, and that death occurred, on the date stated above, at 11 59 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia -

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary): Hypertension - Chr Nephritis

(duration) last year ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of .....

Was there an autopsy? no —

What test confirmed diagnosis? Clinical symptoms -

(Signed) Dan Strauss, M. D.

1/4, 19 26 (Address) 1212 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 1/4/1926

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Gay St

Spec.- 1-10-21 M&T 1500 Bks.

E 05298 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05298

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO. .....

CITY OF BALTIMORE: (No. Bay View Maryland ST., 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Smith

(a) RESIDENCE No. 1380 N. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black.	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Smith

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 940

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charles Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) Charles Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Charles County (State or country) Maryland

14 Informant Hospital Record
(Address) Baltimore City Hospitals

15 Filed JAN 4 1926 ROBERT R. MAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2. 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1925, to Jan 2, 1926.

that I last saw him alive on Jan 2, 1926,

and that death occurred, on the date stated above, at 11.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach (?)
Complete Indirect Hernia (Left)

(duration) 2, yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (duration) ... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Facts

(Signed) Dr P Champe S, M. D.
Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 1/4/1926

20 UNDERTAKER David Eamon — ADDRESS 916 Park Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05299

CERTIFICATE OF DEATH.

38 E 05299

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (ST.) 11 (WARD) 12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Gaines

(a) RESIDENCE NO. 823 Linden Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77 Yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Gaines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Susie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Baltimore City Hospitals Records

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1925, to Dec. 31, 1925, that I last saw him alive on Dec 31, 1925, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Central Nervous System Syphilis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Hiller, M. D.

1/1, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 1/4/1926

20 UNDERTAKER: Daniel Easton

ADDRESS: 916 Gay St

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

E 05300

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 05300

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Keyser ST. 8-3 WARD)

2-FULL NAME George W. Tyler

(a) RESIDENCE NO. 2010 Keyser ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie Tyler

6 DATE OF BIRTH (month, day, and year): June 6 1880

7 AGE: Years 45 Months 11 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: James H. Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Catherine O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant (Address): Mamie Gholson 2010 Keyser

15 Filed JAN 4 1926, 19 ROBERT H. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1. 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1925, to Jan 1. 1926, that I last saw h alive on Jan 1 1926 and that death occurred, on the date stated above, at 8A m.

The CAUSE OF DEATH* was as follows:

Epidemic Influenza

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 24

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Hilbert Frazier, M. D.

Jan 4 1926 (Address) 1407 N Roy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Jan 4 1926

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Ashland Av.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05301

CERTIFICATE OF DEATH.

89 E 05301

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 1011 E Lombard ST. 3-1 WARD)

2-FULL NAME John J. Sweeney

(a) RESIDENCE NO. 1011 E Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of M. Elizabeth Sweeney

DATE OF BIRTH (month, day, and year) April 13, 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	~~8~~	25	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Timothy Sweeney

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Callahan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

Informant Elizabeth Sweeney
(Address) 1011 E. Lombard

Filed ..... 192 ..... ROBERT R. KRAUTER,
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) James M Kemler, M. D.
(Coroner.)

June 3, 1926 (Address) 2002 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	June 5 1926
20 UNDERTAKER	ADDRESS
Peter J. Segner & Son	1201 E. Fayette
Dept F. J. Lawler	901 Hollins

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05302

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 183

City of BALTIMORE: (No. 1035 Boyd St. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Kenneally

(a) Residence No. 1035 Boyd St. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Kenneally

6-DATE OF BIRTH (month, day and year) Oct 19 1890

7-AGE.	If LESS than 1 day,
35 yrs. 2 mos. 14 ds.	13 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Thos Long

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Adelia Holland

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland.

14- (Informant) Mrs. Wm. Kenneally.

(Address) 1035 Boyd St.

15- Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 2nd 1926.

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1925, to Jan. 2nd, 1926,

that I last saw h.. alive on Jan. 2nd 1926,

and that death occurred, on the date stated above, at 1.30 A.m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis.

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Rheumatism,

(Duration) — yrs. 2 mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Exam, etc.

(Signed) Thos Conlon, M. D.

1/4/26 (Address) 888 N. Lanvale St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Loudon Park Lawn	Jan 5th 1926.

20-UNDERTAKER	ADDRESS
John F. Bowen & Son	1301 Gorsuch Ave
Per F. J. Bowen	

ROBERT R. KRAUTER

Spec. 1-10-21—M&T—1500 Bks.

E 05303 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05303

CERTIFICATE OF DEATH.

REGISTERED NO. 1-1 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Warren Frankowitz

(a) RESIDENCE No. 2209 Winterberg Court Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 8 - 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Stephen F Rankowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Pearl Jaworsken

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

ROBERT R. KRAUTER, Burial Permit Clerk

JAN 6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31st, 1925, to Jan. 5th, 1926, that I last saw h'er alive on Jan. 8th, 1926 and that death occurred, on the date stated above, at 6 40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Measles (1 week previous to onset)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ephraim Schaffer, M. D.

, 19 (Address) John Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery — DATE OF BURIAL Jan. 5th 1926

20 UNDERTAKER M. J. Sadowski — ADDRESS 705 S. Ann St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05304

161-01

E 05304

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 N Eden ST. 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Tuckler

(a) RESIDENCE NO. 216 N. Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-29-25

7 AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto md
(State or country)

PARENTS

10 NAME OF FATHER Henry Tuckler

11 BIRTHPLACE OF FATHER (city or town) South
(State or country) Carolina

12 MAIDEN NAME OF MOTHER Mary Tuckler

13 BIRTHPLACE OF MOTHER (city or town) South
(State or country) Carolina

14 Informant Henry Tuckler
(Address) 216 N. Eden St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 29, 1925, to Dec 31, 1925, that I last saw him alive on December 30, 1925, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Cardiac failure & respiratory failure.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. S. Allen, M. D.

12-31 1925 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JAN 2 -

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05305 **CERTIFICATE OF DEATH.** 16-001 E 05305

1-PLACE OF DEATH University Hospital Registered No.....

City of BALTIMORE: (No. Lombard & Greene St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Baby Girl Tanner

(a) Residence No..... Ellicott City Md. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 30, 1925

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or 40 min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), Md.

PARENTS:

10-NAME OF FATHER Russell Franklin Tanner

11-BIRTHPLACE OF FATHER (city or town)..... Virginia
(State or Country),

12-MAIDEN NAME OF MOTHER Edna Irene Meldrom

13-BIRTHPLACE OF MOTHER (city or town). Ellicott city
(State or Country), Md.

14-(Informant)... Edna Irene Tanner...
(Address)..... Ellicott city, Md.

15-Filed, JAN 4 - 1926, 192... ROBERT E. KRAMER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 30, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 30, 1925 to Dec 30, 1925.

that I last saw her alive on Dec. 30, 1925

and that death occurred, on the date stated above, at 3.08 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Prematurity

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed)... Frederick R. Snyder, M. D.

Dec 31 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, JOHNS HOPKINS HOSPITAL DATE OF BURIAL, ..., 19....

20-UNDERTAKER, Commissioner of Health ADDRESS JAN 2 - 1926

Buried Parnell Md.

pec.—1-12-23—M&T—500 Bks.

E 05306

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05306

CERTIFICATE OF DEATH.

129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 Wyman Park Ave. ST. 12-2 WARD)

2-FULL NAME Edward A. Huntt

(a) RESIDENCE NO. 212 Wyman Park Ave. ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet A Huntt

DATE OF BIRTH (month, day, and year) Jan. 29, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 166

(b) General nature of industry, business, or establishment in which employed (or employer) Hardware

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

19 NAME OF FATHER Edw. L. Huntt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Frank A. Huntt

(Address) 610 North Bend Rd.

Filed ..... 19 ..... Registrar

ROBERT R. KRAUTER

Municipal Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2, 1926

17

I HEREBY CERTIFY, That I attended deceased from August, 1925, to Jan. 2, 1926,

that I last saw him alive on Jan. 2, 1926

and that death occurred, on the date stated above, at 8:00 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 3 Yrs.

Chronic Nephritis 3 Yrs.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Acute Delatation of Heart

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Conrad Revolulum M. D.

1/4/26 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 1/5 1926

20 UNDERTAKER Geo A Farley

ADDRESS Fulton Fayette

E 05307 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05307

CERTIFICATE OF DEATH. 18-290

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. 856 Raborg St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelia Graham

(Residence in Baltimore: No. 856 Raborg St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.)

6-DATE OF BIRTH.

..... 1.....
(Month) (Day) (Year)

7-AGE, 70 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 067
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country).

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Couutry),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Robert F. Harrison, M.D.

Filed ..... 192.....

1926 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 19 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest autopsy or inquiry.)

thereon and from the evidence obtained by said inquest autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) G C Hadley M. D.
(Coroner.)

Jan 21 192 (Address) 1316 Bonney

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, ... 19...

20-UNDERTAKER. ADDRESS

JOHNS HOPKINS HOSPITAL

THE MORGUE

0011

Cor.—1-12-23—M&T—100 Blks.

E 05308

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05308

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Watson St. 21 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Cooper

(a) RESIDENCE NO. 907 Watson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer

BIRTHPLACE (city or town) Balto City (State or country)

10 NAME OF FATHER Cooper

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

Informant Sarah Parker

(Address) 1741 E Monument

Filed ..... 192 .....

Registrar

1926

Burial Permit

10 THE MORGUE

Robert F. Harrison

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

..... (duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Benton, M. D. (Coroner.)

Dec 27 192 (Address) 707 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... da. In the State ..... yrs., ... mos., ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	JAN 4 192
20 UNDERTAKER	ADDRESS
Greenleaf Reith	

Rev. Wm. E. Woodall

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05309 E 05309

CERTIFICATE OF DEATH.

1-PLACE OF DEATH unknown 13-5 REGISTERED NO. 16001

CITY OF BALTIMORE: (No.) ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME unknown

(a) RESIDENCE NO. found near 2500 Block McCulloh St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) —

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 1 day		—	—	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer —

8 BIRTHPLACE (city or town) Baltimore City
(State or country)

9 NAME OF FATHER unknown

10 BIRTHPLACE OF FATHER (city or town) .....
(State or country) unknown

11 MAIDEN NAME OF MOTHER unknown

12 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

Informant Northern Police Dept.
(Address) Robert F. Harrison,

Filed ..... 192 ..... Registrar

1926 Burial Permit Clerk's

0069 THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) About Dec 15-1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said enquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (duration) — yrs. — mos. ..... ds.

CONTRIBUTORY (Secondary) —

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Morrissey M. D.
(Coroner)

Dec 31, 1925 (Address) 3632 Roland Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 192
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL JAN 4 1926 Correspondence Book

Post Mortem No. 1 Vol. 2

E 05310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05310

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 526 W. Mulberry St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Not Hames. But Harner

(Residence in Baltimore: No. 523 W Mulberry St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	

6-DATE OF BIRTH, ... 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 1 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS:

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Horner

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed 1926 192.... Robert F. Duppa Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia Due

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Carbon Monoxide

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) H. C. Hinds M. D.
(Coroner)

Jan 3rd 1926 (Address) 143 W Biddle

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
HOPKINS HOSPITAL	 19
20-UNDERTAKER. Commissioner Health,	ADDRESS

0008 THE MORGUE

Cor.—1-12-23—M&T—100 Bks.

05311

HEALTH DEPARTMENT—CITY OF BALTIMORE

185 E 05311

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. ..... WARD) 23-1

2-FULL NAME John Pavalenusky

(a) RESIDENCE No. 217 President ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer (Odd
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Pavalenusky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant .....
(Address) .....

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Comp. Comminuted Fracture L Both Femurs by fall from 3rd Story window (duration) accident yrs. ..... mos. 6 hrs.

CONTRIBUTORY (Secondary) Alcoholism, Chronic (duration) ..... yrs. ..... mos. 1 hrs.

(Signed) James M Hunter, M. D. (Coroner.)

Dec 27. 1926 (Address) Tool Chand

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., 6 hrs. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

217 President St

Former or usual residence 217 President

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS

0007

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05312

05312

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 E Pratt ST. 31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Anderson

(a) RESIDENCE NO. 815 E Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) 087
(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant
(Address)

Filed 1926, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exposure & Cold

(duration) yrs. mos. ds.

(Signed) James M Anderson, M. D.
(Coroner)

Dec 30, 192 5 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

20 UNDERTAKER — ADDRESS

JAN 4 - 1926

Commissioner Health.

006

MORGUE

Spec.—1-10-21 M&T 1500 Bks.

E 05313

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05313

CERTIFICATE OF DEATH.

138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Curry

(a) RESIDENCE NO. Laurel Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 2 Mo's ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negress

5 Single, Married, Widowed, or Divorced, (write the word): ~~Single~~ Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23rd 1900

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
25	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Laurel, Md.

PARENTS

10 NAME OF FATHER Samuel Fields

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Jennie Hebron

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Henrietta Fields (Address): Laurel Md

15 Filed ....., 19 1926 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/21, 1925, to 1/2, 1926.

that I last saw he alive on 1/2, 1926,

and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Pelvic Abscess & Peritonitis

about 2 mos. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Posterior Vaginal Drainage

Did an operation precede death? Yes Date of 12/30/25

Was there an autopsy? No

What test confirmed diagnosis? Operative findings

(Signed) J. B. Boyd M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~	DATE OF BURIAL
Bacons Cemetery a.g. Cook	Jan 5th 26
20 UNDERTAKER	ADDRESS
Edward H Fisher	Laurel Md

Burial Permit Clark

Cor.—1-12-23—M&T—100 Bks.

05314

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05314

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 39 Third Ave E. Brooklyn ST. 25-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Brady

(a) RESIDENCE No. 39 Third Ave E. Brooklyn ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	White	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) September 11, 1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	---	3	28	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER Peter Brady.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Kentucky.

12 MAIDEN NAME OF MOTHER Magdalene Wood.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia.

Informant Magdalene Brady. (mother)
(Address) 39 Third Ave E. Brooklyn.

Filed 192
1926 Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
unknown.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Jan. 4, 1926 (Address) 101 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem — DATE OF BURIAL 1-4 1926

20 UNDERTAKER Robert Brooks & Son — ADDRESS Calhoun Hotel

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05315 E 05315

CERTIFICATE OF DEATH

1-PLACE OF DEATH St Joseph's Hospital REGISTERED NO. 90

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 76-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ester Janney

(a) RESIDENCE NO. 2502 Bank ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed ~~Married~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward H. Janney

6 DATE OF BIRTH (month, day, and year) Nov. 30. 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER William Corse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Deborah Sinclair

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant ~~Harleigh~~ Harleigh C. Janney

(Address) 3502 Bank St

15 Filed 1926, Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1926, to Jan 3rd, 1926, that I last saw h[illegible] alive on Jan 3rd, 1926 and that death occurred, on the date stated above, at 10:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic cardio-vascular-renal disease.

about
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) Clement L. Thomas, M. D.

, 19 (Address) St Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Fellinds Cemetery — DATE OF BURIAL Jan 5 1926

20 UNDERTAKER Henry Sander & Sons, Inc. — ADDRESS 1710 Fleet St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

(Isaac Adams)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05316 E 05316

CERTIFICATE OF DEATH.

REGISTERED NO. 22-174

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Wayne St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Adams

(a) RESIDENCE. No. 602 Wayne St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? 86 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1841

7 AGE: Years 85 yrs; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) day 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

10 NAME OF FATHER John adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Nancy Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Mrs Hannie Adams (Address) Annapolis Md.

15 Filed , 19 Robert F. Harrison, Registrar

1926

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1925, to Jan 2, 1926, that I last saw h— alive on Jan 2, 1926, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles D. Fowler, M. D.

Jan 4 1926 (Address) 715 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Annapolis Md

DATE OF BURIAL: 1/4/1926

20 UNDERTAKER: Mrs Geo H Hooper

ADDRESS: 400 n Conway St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05317

74 E 05317

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Removed Dead

REGISTERED NO.

CITY OF BALTIMORE: (No. Balto City Hospital ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel McFaul

(a) RESIDENCE NO. 2308 Boston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 21, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	54	4 3	10 9	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Plumber 59
(c) Name of employer

BIRTHPLACE (city or town) Balto City
(State or country)

10 NAME OF FATHER Daniel McFaul

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose Wilkinson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Scotland

Informant Rose McFaul
(Address) 414 S Glover St

Filed ..... 1926 ..... , 192 ..... Robert F. Harrison
Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina pectoris (2nd attack)

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton, M. D.
(Coroner.)

Jan 3, 1926 (Address) 1001 Cherry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL H Z Gross Cemetery — DATE OF BURIAL 1/7 1926

20 UNDERTAKER J. G. Moran — ADDRESS 200 E Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

05318

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 05318

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 1-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... James Conroy

(a) Residence No. 2109 Boston St. St., ... Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1886

7-AGE. Years 39 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... laborer

(b) General nature of industry, business, or establishment in which employed (or employer)..... Gas

(c) Name of employer.....

9-BIRTHPLACE (city or town), (State or Country), Baltimore Md.

PARENTS:

10-NAME OF FATHER, Peter Conroy

11-BIRTHPLACE OF FATHER (city or town), (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Annie Slaton

13-BIRTHPLACE OF MOTHER (city or town), (State or Country), Ireland

11- (Informant) Baltimore City Hospitals Records

(Address).....

15- Filed ..... [Signed] F. J. Harrison Registrar.

1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 1, 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec 27, 1925 to Jan 1, 1926, that I last saw him alive on Jan 1, 1926 and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Dibble, M. D.

1/2/, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon. DATE OF BURIAL, 1/4, 1926

20-UNDERTAKER. J. J. Doran ADDRESS 3000 E. Baltimore St.

Cor.—1-12-23—M&T—100 Bks.

E 05319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05319

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2128 McElderry At ST., 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Freeman

(a) RESIDENCE NO. 2128 McElderry St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 14/1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	21	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Restaurant Kepper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: self

BIRTHPLACE (city or town) (State or country): Gloucester Co Va.

10 NAME OF FATHER: Chas. Freman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Maria V. Pitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Miles E. Freeman (son)
(Address): 2118 N. Wolfe St

Filed 1926, 192 Robert T. [illegible] Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Probably Jan 2/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneunobia (Primary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Myocardial Failure (duration) yrs. mos. ds.

(Signed) J. S. Rutter, M. D. (Coroner.)

1/4/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 5 1926

20 UNDERTAKER: John Elliott — ADDRESS: 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 05320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05320

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2944 N. Charles ST. 17-3 WARD)

2-FULL NAME John McPhail

(a) RESIDENCE (Usual place of abode) No. 2941 N. Charles ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie McPhail

6 DATE OF BIRTH (month, day, and year): June 9, 1844

7 AGE: Years 81 Months 6 Days 24

If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: President 086

(b) General nature of industry, business, or establishment in which employed (or employer): Jas Robertson Mfg Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Paisley Scotland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mr James P McPhail

(Address) 2715 N. Calvert St

15 Filed ... 1926 ... 19 ... Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 2 1926

17 I HEREBY CERTIFY, That I attended deceased from ... 1920 ... to Jan 2 1926 that I last saw h— alive on Jan 2 1926 and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis (Age)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C B Gambrill Jr ... M. D.

... 19 26 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Jan 5 1926

20 UNDERTAKER: Wm J Fickner

ADDRESS: Lombard & Monroe Sts

Spec.—1-10-21—M&T—1500 Bks.

E 05321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24 E 05321

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 W. Lafayette Ave St. 16-1 WARD)

2-FULL NAME Mary E. Rhodes

(a) RESIDENCE No. 1707 W. Lafayette Ave St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles W. Rhodes

6 DATE OF BIRTH (month, day, and year): July 1, 1850

7 AGE — Years: 75 — Months: 6 — Days: 2 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Robt. McElhenny

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hagerstown Md

12 MAIDEN NAME OF MOTHER: Mary Jane Spedden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Edith Rhodes

(Address) 1707 W. Lafayette Ave

15 Filed ..... Robert P. Harrison ..... Registrar

1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3. 1926. to Jan. 3. 1926.

that I last saw her alive on Jan. 3, 1926,

and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Death was the result of Cerebral apoplexy

Suddenly (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Winfred Lee Howard M. D.

. 19 (Address) 827 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. — DATE OF BURIAL: Jan 6 1926

20 UNDERTAKER: Wm Tucker & Sons — ADDRESS: Mount St

ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05322 E 05322

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 10 S. Fremont Ave (St.) (Ward) 18-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph N. Geddes

(a) RESIDENCE NO. 10 S. Fremont Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, and year) Jan 20 - 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hair Curler.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Md. Hair Goods Mfr. Co.

BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER William Geddes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary C. Connelly

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

Informant William J. Geddes.

(Address) 309 S. Fremont Ave

Filed ..... 19 1926 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3rd 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1925, to Jan 3, 1926,

that I last saw him alive on Jan 2, 1926

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease and Chronic Interstitial Nephritis

(duration) about 5 yrs. 6 mos ✓ ds.

CONTRIBUTORY (Secondary) None

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) Henry A. Rike M. D.

Jan 3 1926 (Address) 1208 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Jan. 5 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

E 05323

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05323

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mt Washington

CITY OF BALTIMORE: (No.) Carroll Road (ST.) (WARD) 27-4 57

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Faut Lauck

(a) RESIDENCE NO. Carroll Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert L. Lauck

6 DATE OF BIRTH (month, day, and year): Aug. 14 1867

7 AGE: Years 58 | Months 4 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Ellicott City Md.

PARENTS

10 NAME OF FATHER: Albert B. Bein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Berlin Germany

12 MAIDEN NAME OF MOTHER: Rina Ebani Frechi

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Herbert E. Faut Lauck

(Address): West Park Heights Ave

15 Filed 1926, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1926

17

I HEREBY CERTIFY, That I attended deceased from September, 1915, to January 3, 1926,

that I last saw h[illegible] alive on January 3, 1926,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Coma diabeticum

Myocarditis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Diabetes mellitus

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Dr. A. H. A. Mayer, M. D.

F. H. 1926 (Address) 2438 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Jan 6 1926

20 UNDERTAKER: Joseph L. B. Cook

ADDRESS: 1003 N. Bath

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05324 — 58-001 — E 05324

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 Scott St. 21 Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William B. Meredith

(a) RESIDENCE No. 1135 Scott St., Ward
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ida L. Meredith

DATE OF BIRTH (month, day, and year) Aug 31 1881

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	4	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Music Instructor

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER William B. Meredith

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth E. Kerahar

13 BIRTHPLACE OF MOTHER (city or town) Cork
(State or country) Ire.

Informant Mrs Ida L. Meredith
(Address) 1126 Scott Street

Filed ....., 19 .....
Burial Permit Clerk ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Jan 3, 1926
that I last saw h... alive on Jan 2, 1926
and that death occurred, on the date stated above, at 6.50 a. m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia

(duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Campbell, M. D.

Jan 7, 1926 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. — DATE OF BURIAL Jan. 6 1926

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 W. Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05325 89 E 05325

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1512 Bell St., 24-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Washington Stiner

(a) RESIDENCE NO. 1512 Bell St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah K. Stiner

6 DATE OF BIRTH (month, day, and year): Feb. 21-1866

7 AGE: Years 59 | Months 10 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Night Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: B. & O. R.R. Co

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

PARENTS

10 NAME OF FATHER: William Stiner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co. Md.

12 MAIDEN NAME OF MOTHER: Arabella Ann Fritz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co. Md.

14 Informant: Mrs. Sarah K. Stiner

(Address): 1512 Bell St.

15 Filed Jan. 6, 1926 19

Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 2nd 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 24, 1925, to Jan 2, 1926.

that I last saw h[illegible] alive on Jan 2, 1926,

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Neuritis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mehrfeldt, M. D.

1/3, 1926 (Address) 1207 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: Jan. 6th 1926

20 UNDERTAKER: Joseph B. Cork

ADDRESS: 1003 W. Lex St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05326

E 05326

100-001

CERTIFICATE OF DEATH.

Registered No. 1-4

1-PLACE OF DEATH

City of BALTIMORE: (No. 113 S. Potomac St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Edgar Jackson

(a) Residence No. 113 S. Potomac St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Jackson

6-DATE OF BIRTH (month, day and year) March 16/75

7-AGE, 50 yrs. 9 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Wood worker 014

(b) General nature of industry, business, or establishment in which employed (or employer). Sheppard Stove Co.

(c) Name of employer.

9-BIRTHPLACE (city or town). Columbia
(State or Country) Lancaster Co. Pa.

PARENTS.

10-NAME OF FATHER, John K Jackson

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Johanna Sowbeer

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Pa

14- (Informant) Mary Jackson
(Address) 113 S. Potomac St.

15- Filed 1926 19 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 26

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 to Jan. 2, 19 26

that I last saw h.. alive on Jan 1, 19 26

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Lancaster

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H K Dunlap, M. D.

1-5-26, 19 (Address) 2938 Bank

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet York Co Pa | DATE OF BURIAL, 1/5, 19 26

20-UNDERTAKER. Hughes & Jones Inc. | ADDRESS 1124 N Broadway.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05327

CERTIFICATE OF DEATH.

89v

E 05327

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospt. 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles M. DeLong

(a) RESIDENCE No. 144 Jackson Place ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 41 yrs. 8 mos. 30 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide C. DeLong

6 DATE OF BIRTH (month, day, and year) April-5-1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	8	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) Electrical

(c) Name of employer Roland Electric Co.

9 BIRTHPLACE (city or town) (State or country) Allentown Pa.

PARENTS

10 NAME OF FATHER Joseph DeLong

11 BIRTHPLACE OF FATHER (city or town) (State or country) Allentown Pa.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Allentown Pa.

14 Informant Mrs. Adelaide C. DeLong (wife)
(Address) 26-N-East Avenue

15 Filed ..... 19 .....

ROBERT R. KRAUTER, Vital Records Registrar

JAN 5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 1925, to Jan 5, 1926.

that I last saw h[illegible] alive on Jan 3, 1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Anginia Pectoris.—
(Acute Myocardial Anemia)

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James A. Nelson M. D.

1-4-1926 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Jan-6-26 19

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05328 1001 10 05328

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 246 N Amity St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie M E. Temple

(Residence in Baltimore: No. 246 N Amity St.; yrs....., mos....., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Femal | 4-COLOR OR RACE: colord | 5-Single, Married, Widowed, Divorced, (Write the word.): Married

6-DATE OF BIRTH. aug 11/1925 (Month) (Day) (Year)

7-AGE. ....yrs. 4 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of Industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or Country): Balto Co md

PARENTS

10-NAME OF FATHER: James E Temple

11-BIRTHPLACE OF FATHER, (State or Country): md

12-MAIDEN NAME OF MOTHER: Lillie Temple

13-BIRTHPLACE OF MOTHER, (State or Country): md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) James E Temple
(Address) 246 N. Amity St

15-
Filed ..... 19?.....
ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 2- 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) C. L. Austin

(Duration) yrs. mos. ds.

(Signed) C. E. Grady M. D. (Coroner)

Jan 3/26 (Address) 1436 E Baltimore

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL: 1/5/1926

20-UNDERTAKER: Daniel Easton | ADDRESS 916 Gay

Spec.—1-10-21—M&T—1500 Bks.

E 05329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 05329

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Hoffman ST., 17-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Benson

(a) RESIDENCE No. 504 Hoffman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colrd	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or Country) Balto Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14 Informant Mariah Brown
(Address) 504 Hoffman St

15 Filed ..... 19 .....

JAN 5 - 1926 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 23, 1925, to Jan 2 1926,

that I last saw him alive on January 2, 1926

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Senile Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Frank E. Wagner M. D.

1/4, 1926 (Address) 1701 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1/5/1926
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pine.

E 05330

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp. St., 15-13 1/2 Ward) Registered No. C 83 E 05330

2-FULL NAME Samuel T Thomas

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1334 N. Gilmor St., St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH, Dec 15 (Month) (Day) 1880 (Year)

7-AGE, 45 yrs. mos. 17 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Expressman
(b) General nature of industry, business, or establishment in which employed (or employer): Del. Co.

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Henry Thomas

11-BIRTHPLACE OF FATHER, (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Johns

13-BIRTHPLACE OF MOTHER, (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliz. T. Thomas

(Address) 1334 N. Gilmor St.

15- Filed JAN 5 - 1926 19? ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 1 (Month) (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound in chest. (Hemorrhage) accidental discharge of automatic pistol (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Instant death (Duration) yrs. mos. ds.

(Signed) J. F. Hennessy M. D. (Coroner.)

Jan 3, 1926 (Address) 2502 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Franklin W Cem. DATE OF BURIAL, Jan 5 19 26

20-UNDERTAKER, Mt Auburn Cemetery ADDRESS 709 W 33rd

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05331 100-001 E 05331

CERTIFICATE OF DEATH.

REGISTERED NO. 15-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Garrison Ave ST., 15-5 WARD)

2-FULL NAME Hirsh Shulman

(a) RESIDENCE No. 2400 Garrison ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane Shulman

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 81 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Morris Shulman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: M. Shulman

(Address) 2400 Garrison Ave

15 Filed JAN 5 1926 ROBERT T. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 25th, 1925, to Jan 4th, 1926,

that I last saw h[illegible] alive on Jan 4th, 1926,

and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael A. Abram, M. D.

1/4, 1926 (Address) 1360 Entrance

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL 1/8 1926

20 UNDERTAKER: Jack Levin — ADDRESS 1429 E Balto

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05332

CERTIFICATE OF DEATH.

129

E 05332

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 Arlington Ave ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Jane Jenkins

(a) RESIDENCE No. 228 N.Arlington Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Negro	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Jenkins

DATE OF BIRTH (month, day, and year) Jan. 31, 1835

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	11	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Essix Co. Va.

10 NAME OF FATHER Rubin Byrd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Essix Co. Va.

12 MAIDEN NAME OF MOTHER Fannie Diggle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essix Co. Va.

Informant Fannie Venerable (Daughter)

(Address) 742 Dolphin

Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-'26 19

17

I HEREBY CERTIFY, That I attended deceased from Dec. 16th. 19 25. to Jan. 2nd 1926, that I last saw her alive on Jan. 2nd. 1926, and that death occurred, on the date stated above, at 11.20 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Ins. Ch. Interstial Nephritis

(duration) 2 yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL 1-6 19 26

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Hanover St.

05333

HEALTH DEPARTMENT—CITY OF BALTIMORE

05333

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. University Hospital St., 13-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Emma F. Gleason

(Residence in Baltimore: No. 3645 Chestnut Ave St.; Life yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the Word.) Widow

6-DATE OF BIRTH. June (Month) 1862 (Day) (Year)

7-AGE. 63 yrs. 6 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS:

10-NAME OF FATHER. William Bowen

11-BIRTHPLACE OF FATHER, (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Margaret Tall

13-BIRTHPLACE OF MOTHER, (State or Country). Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Blucher

(Address) 3645 Chestnut Ave

15-

Filed JAN 5 1926 ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2 (Month) (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Coma
Diabetes

(Duration) Yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) 2 Yrs. mos. ds.

(Signed) G C Wades M. D. (Coroner.)

Jan 4/26 (Address) 145 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL.

St Mary's Cemetery Jan 5 26

20-UNDERTAKER. ADDRESS.

A S Marshall 3639 Gallow

Spec.—1-10-21—M&T—1500 Bks.

05334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ G 05334

1-PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (ST.) (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelius Disney

(a) RESIDENCE NO. Bowie Rd ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred since 10-27-25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of Annie V. Disney

6 DATE OF BIRTH (month, day, and year) July 10th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: truck foreman

(b) General nature of industry, business, or establishment in which employed (or employer): P. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Anne Arundel Co.

PARENTS

10 NAME OF FATHER Wesley Disney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Annie Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Anne Arundel Co

14 Informant: Mrs. Cornelius Disney

(Address): Bowie Md

15 Filed ..... 19 .....

ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19th 1925 to Jan 3rd 1926, that I last saw h[illegible] alive on Jan 3rd 1926, and that death occurred, on the date stated above, at 11 15 p. m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis.
Heart failure.

several years (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Presbyopia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? refused

What test confirmed diagnosis?

(Signed) F. I. Wintheriman, M. D.

Jan 3rd 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: Jan 6 1926

20 UNDERTAKER: A S Marshall ADDRESS: 3539 Gallows

Spec.—1-10-21—M&T—1500 Blks.

E 05335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 05335

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-2 WARD)

2-FULL NAME Delia Brandt.

(a) RESIDENCE NO. Preston & Valley. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 50 yrs. ... mos. ... ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced, (write the word)~~: Widow

6a ~~If married, widowed, or divorced~~ WIFE of (or) HUSBAND of: Frederick Brandt.

6 DATE OF BIRTH (month, day, and year): March 19/1859

7 AGE: Years 66 | Months 9 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: John Quinn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary Welsh.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Martin T. Quinn
(Address): 1742 Bailey Ave

15 Filed JAN 5 1926 ROBERT R. KRAUTER, Registrar
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 22nd, 19..., to ..., 19...
that I last saw her alive on January 2, 1926
and that death occurred, on the date stated above, at 8 P. m.
The CAUSE OF DEATH* was as follows:

Gastric hemorrhage

a few hours (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Carcinoma of stomach

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. A. Mana, M. D.
January 3, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. | DATE OF BURIAL: Jan 6 1926

20 UNDERTAKER: Frank A. Fink | ADDRESS: 915 N. Gay St

Spec.—1-10-21—M&T—1500 Bks.

Dr Ruzicka 800 N Patterson Park Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05336

CERTIFICATE OF DEATH.

W. 4127.

7 V E 05336

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Montford Ave ST. 6-3 WARD)

2-FULL NAME Anna Mildred Goetzke

(a) RESIDENCE No. 413 N. Montford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 9. 1919.

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Louis A Goetzke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Clara B Christhilf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant (Address) Louis A Goetzke 413 N. Montford Ave

15 Filed JAN 5 - 1926 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1926

17 I HEREBY CERTIFY That I attended deceased from Dec 24, 1925 to Jan 2, 1926.

that I last saw h alive on Jan 2, 1926.

and that death occurred on the date stated above, at 4.50 m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Fred Ruzicka M. D.

(Address) 800 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: Jan 5 1926.

20 UNDERTAKER: J. M. Cook — ADDRESS: 502 E Northern

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 05337 E 05337

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Barclay ST. 12-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Gerard.

(Residence in Baltimore: No. 1604 Barclay St.; 50 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. June 10, 1872 (Month) (Day) (Year)

7-AGE. 53 yrs 6 mos - 24 Days yrs. 53 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife 37
(b) General nature of industry, business, or establishment in which employed (or employer). 0

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER. Michael Ryan.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER. Margaret Fox.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lynwood Gerard

(Address) 1604 Barclay

15- Filed JAN 5 - 1926 ROBERT R. KRAUTER, Burial Permit Registrar. 191

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 4, 1926. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1925, to Jany 3 1926, that I saw h[illegible] alive on Jany 3, 1926, and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Dr. Harrison

(Duration) yrs. mos. ds.

(Signed) Lewis Forsette, M. D.

Jan 4, 191[illegible] (Address) 1324 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral

DATE OF BURIAL. Jan 6., 1926

20-UNDERTAKER. Wm. Cook

ADDRESS 502 E. North Ave

Spec.—I-10-21—M&T—1500 Bks.

Dr Davis 824 N Fulton Ave

C 35338

HEALTH DEPARTMENT—CITY OF BALTIMORE

35338

74-001

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 Prestman ST. 15-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A Finch.

(a) RESIDENCE No. 2918 Prestman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen V. Finch

6 DATE OF BIRTH (month, day, and year): Apr 30-1859

7 AGE — Years: 66 — Months: 8. — Days: 4 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Solicitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Nat. Bank of Balto

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Finch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elizabeth Cummings

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Helen V Finch

(Address): 2918 Prestman

15 Filed ....., 19.... ROBERT R. KRANTZ, Registrar

JAN 5 1926

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 4. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 19.... to date of death, 19...., that I last saw him alive on Jan 5. 1926 and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Death was due to Cerebral apoplexy

Suddenly (duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jenkins La Dana, M. D.

, 19.... (Address) 824 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — DATE OF BURIAL: Jan 7 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 526 Fountain

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05339 — 97-001 — E 05339

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE; (No. BALTIMORE CITY HOSPITALS 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elizabeth Kurtz

(a) Residence No. 1821 E Eager St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1851

7-AGE. 74 — 72 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS:
10-NAME OF FATHER. Unknown
11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany
12-MAIDEN NAME OF MOTHER. Unknown
13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

11- (Informant) Baltimore City Hospitals
(Address) Records

15- JAN 5 - 1926 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 3, 1926

17- I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1925, to Jan. 3, 1926, that I last saw her alive on Jan 3, 1926, and that death occurred, on the date stated above, at 3:50 P.M.

The CAUSE OF DEATH* was as follows:

Right hemiplegia (cerebral hemorrhage)
(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

1/4, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park — DATE OF BURIAL. Jan 6, 1926

20-UNDERTAKER. Wm. Cook — ADDRESS 1520 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38

E 05340

CERTIFICATE OF DEATH.

E 05340

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Lewis

(a) RESIDENCE NO. 212 Colvin ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45 46			

8a OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Ellen Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md

14 Informant Mary E. Lewis

(Address) 212 Colvin St.

15 Filed JAN 5 1926 19 Registrar

ROBERT R. RANDALL

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2d 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29th, 1925, to Jan. 2d, 1926,

that I last saw him alive on Jan. 2d, 1926,

and that death occurred, on the date stated above, at 11:10 A m.

The CAUSE OF DEATH* was as follows:

Syphilitic Cerebral vascular Disease

Cerebral Hemorrhage

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic - Physical Exam

(Signed) Frederick A. Snyder M. D.

Jan 3 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery DATE OF BURIAL Jan. 6 1926

20 UNDERTAKER Chas. H. Johnson ADDRESS 16 N. Caroline St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05341 E 05341

CERTIFICATE OF DEATH.

162 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 W. Mth ave ST. 15 17 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Loeanier

(a) RESIDENCE No. 2003 W. Mth ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 31-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Herman J Loeanier

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Lillian M Brady

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Herman J Loeanier
(Address) 2003 W Mth ave

15 Filed ....., 19 ..... Registrar

JAN 5 1926 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 — 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 31st, 1925, to Jan 1 —, 1926, that I last saw him alive on Jan 1 —, 1926 and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage Congenital

— (duration) — yrs. mos 2 ds.

CONTRIBUTORY (Secondary) —
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Wilkins Loeanier, M. D.

1/4, 1926 (Address) 2004 W Mth ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	1-5 1926
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Baltimore Md

Spec.—1-10-21—M&T—1500 Bks.

E 05342

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 05342

CERTIFICATE OF DEATH.

15-5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2141 Mt Holly ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta C Hohlweg

(a) RESIDENCE No. 2141 Mt Holly ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Valentine W Hohlweg

6 DATE OF BIRTH (month, day, and year): April 22 1848

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs H C Witte

(Address) 2141 Mt Holly

15 Filed ....., 19.... ROBERT R. KRAUTER, Registrar

NOV - 1926

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-2-1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1- , 1925 , to Jan 2 , 1926 ,

that I last saw her alive on Jan. 2 , 1926 ,

and that death occurred, on the date stated above, at 11 50 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Hypertension

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clynical diagnosis

(Signed) C. J. Daner, M. D.

1-3- , 1926 (Address) 800 W 33rd Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Jan 5 1926

20 UNDERTAKER: H M Rouse

ADDRESS 2238 N Milton

pec.—1-12-23—M&T—500 Bks.

05343

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 05343

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., T. B. WARD) 19-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mattie Actwood

(a) RESIDENCE No. 312 N. Parish st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

3 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
17	16			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Annapolis

(State or country) Maryland

10 NAME OF FATHER George Actwood

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Adele Brice

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed JAN 5 - 1926, 19 ROBERT R. KRAMER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1925, to Jan. 2, 1926, that I last saw her alive on Jan. 2, 1926, and that death occurred, on the date stated above, at 4.35 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) tuberculous enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm McFarland Jr, M. D.

1-2-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn

DATE OF BURIAL 1-6 1926

20 UNDERTAKER Joseph A Lively

ADDRESS 157 Winters ave

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05344

CERTIFICATE OF DEATH.

128 E 05344

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1307 Madison ave ST. 11-1 WARD)

2-FULL NAME Fannie Delphia Wilson

(a) RESIDENCE No. 1307 Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Wilson

DATE OF BIRTH (month, day, and year): Aug. 22 - 1846

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	4	9 10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Albert O'Neil

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Connie Vessells

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs. Minnie Lewis (Address) 1830 Madison Ave.

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

JAN 5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/2 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/22, 1925, to 1/2, 1926, that I last saw h[illegible] alive on 1/2, 1926 and that death occurred, on the date stated above, at 10.10 A m.

The CAUSE OF DEATH* was as follows:

Ac. Nephritis

Toxemia - (Uremia)

(duration) yrs. 3 mos 5 ds.

CONTRIBUTORY (Secondary) Uremia -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ben R Lutty, M. D.

1/4, 1926 (Address) 2139 N. A

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Lawn — DATE OF BURIAL: 1/5 1926

20 UNDERTAKER: Paul F Stensby — ADDRESS: 528 N Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05345

E 05345

CERTIFICATE OF DEATH.

REGISTERED NO. 16001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 E. Park Ave. Raspeburg ST. 1 WARD 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Mazie Lingelbach

(a) RESIDENCE NO. 66. Park Ave. Raspeburg ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 4th 1926

7 AGE: Years — Months — Days — If LESS than 1 day, 4 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William C. Lingelbach

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella T. Mayfield

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. C. Lingelbach

(Address) 66. Park Ave. Raspeburg

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 19 26, to ..., 19 26, that I last saw h[illegible] alive on Jan 4 1926, 19 26, and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

7 months Infants

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At Parkview Hos.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Dr.

(Signed) George E. Vogler, M. D.

, 19 (Address) 1111 Reed Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan. 5 1926

20 UNDERTAKER: Fred'k Lassahn & Son

ADDRESS: Pulaski

JAN 5 - 1926 ROBERT R. KRAFFT, Burial Permit Clerk

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 101 - 001

E 05346

CERTIFICATE OF DEATH.

E 05346

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 3654 Railroad St. 12-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Spence

(a) RESIDENCE No. 3654 Railroad Ave WARD Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced (HUSBAND) of (or) WIFE of: Late John Spence

DATE OF BIRTH (month, day, and year): March 11 1846

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	9	22	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: G. W. Spence
(Address)

Filed JAN 5 1926, 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Duration)

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) John H. Mowell M. D.
(Coroner.)

Jan 3, 1926 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Savage Md	Jan 5 1926
20 UNDERTAKER	ADDRESS
Ebenowitz & Son	361 Chestnut

eo.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05347

CERTIFICATE OF DEATH.

103 E 05347

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 611 W 33 St (ST., or WARD) 9-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H Blucher

(a) RESIDENCE NO. 611 W 33 St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of: Mary A Blucher

DATE OF BIRTH (month, day and year): Jan 2 1844

AGE: Years 86 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Robert Blucher

(Address) 611 W 33 St

Filed ....., 19 .....

ROBERT P. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1925, to Jan 2, 1926,

that I last saw h alive on Jan 1, 1926,

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Ground Symptoms

(Signed) Robt Norment, M. D.

Jan 4, 1926 (Address) 3343 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: Jan 6 1926

20 UNDERTAKER: Chenoweth & Son

ADDRESS 3617 Chestnut Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05348

CERTIFICATE OF DEATH.

1826 E 05348

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

TY OF BALTIMORE: (No. Mercy Hospital ST. 1-2 WARD)

2-FULL NAME Baleslaw Katowski

(a) RESIDENCE NO 7245 Eugene ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	married

f married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Katowski

ATE OF BIRTH (month, day, and year) Jan 16 1886

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39	11	18	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

RTHPLACE (city or town) (State or country) Poland.

0 NAME OF FATHER Baltazar Katowski

1 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

2 MAIDEN NAME OF MOTHER Frances Katowski

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

Informant Anna Katowski
(Address) 7245 Eugene ave.

Filed ....., 192 .....

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3. 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound fract. both femurs

Two days

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

Signed M. Kelly, M. D.

Jan 4, 192 6 (Address) (Coroner) 1059 Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cemetery	Jan 7 1926
20 UNDERTAKER	ADDRESS
[redacted] A. Weber.	2208 Bank st

Cor.—1-12-23—M&T—100 Bks.

Wyaocki ✓ 101-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

05349 E 05349

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Mercy Hosp ST. 25-11 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antoni Wysocki

(a) RESIDENCE NO. 4 Cherry St. Canton Bay. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Wht	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Davis Chem Co.

BIRTHPLACE (city or town) Poland
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Mr Jan Augustowski
(Address) 4 Cherry St

Filed JAN 5 1926, 192 ROBERT R. KRAMER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia 4 days
Edema. Edema of Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) H. H. Miller, M. D.
(Coroner.)
Jan 4, 192 6 (Address) 459 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross S.A.Co.	Jan 7 1926
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

E 05350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05350

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2583 W. Baltimore ST. 15-5 WARD)

2-FULL NAME Anton Slekis.

(a) RESIDENCE No. 2583 W. Baltimore St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 29 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Married

6 DATE OF BIRTH (month, day, and year) June 15-1875

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	5	17-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer For Self.

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Adam Slekis

11 BIRTHPLACE OF FATHER (city or town) Lithuania (State or country) Prussia.

12 MAIDEN NAME OF MOTHER Margaret Kicas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Margaret Slekis (Address) 2583 W. Balto St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1925, to Jan. 3, 1926.

that I last saw him alive on Jan. 3, 1926.

and that death occurred, on the date stated above, at 4:00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Softening.

(duration) ... yrs. 4 mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? Clinical findings

(Signed) Anthony V. Bochara, M. D.

, 19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Jan 7 1926
20 UNDERTAKER	ADDRESS
John Greblinecka	425 S. Bro... St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05351

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 05351

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 886 Tyson St., 11-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Baby Girl Miller

(a) Residence No. 886 Tyson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 2, 1926

7-AGE. .....yrs. .....mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS:

10-NAME OF FATHER, James Miller

11-BIRTHPLACE OF FATHER (city or town) Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Katie Taylor

13-BIRTHPLACE OF MOTHER (city or town) Richmond (State or Country), Va

14-(Informant) Katie Miller

(Address) 886 Tyson St.

15-Filed ..... 192.....

Robert P. Harrison, Registrar.

Burial Permit Clerk.

1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 3, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 2, 1926, to Jan 3, 1926, that I last saw h.er alive on Jan 3, 1926, and that death occurred, on the date stated above, at 4 30 A.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick D. Snyder M. D.

Jan 3 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ... 19....

20-UNDERTAKER.

ADDRESS JAN 5 1926

Commissioner of Health.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05352 — 101-001 — E 05352

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1604 Clifton Av ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Barbara Dorer

(a) RESIDENCE NO. 1604 Clifton Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 6 - 1925

7 AGE — Years: — Months: 11 — Days: 28 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Edw. Dorer

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Bridel

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant — Edw. Dorer (Address) 1604 Clifton av.

15 Filed 1926 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1926, to Jan 3, 1926, that I last saw h alive on Jan 3, 1926, and that death occurred, on the date stated above, at 6.25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Primary)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Paul Brown, M. D.

1/3, 1926 (Address) 1837 Penna Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Cemetery — DATE OF BURIAL: Jan 6 1926

20 UNDERTAKER: Josiah Syfer — ADDRESS: 1600 N. North Ave

Spec.—1-10-21—M&T—1500 Bks.

(John Alton)

HEALTH DEPARTMENT—CITY OF BALTIMORE

05353 E 05353

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1219 Raine ST. 18-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jno. Alton

(a) RESIDENCE NO. 1219 Raine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May [illegible] 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Exchanger

(b) General nature of industry, business, or establishment in which employed (or employer) R R

(c) Name of employer 23

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Addison Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jane Elgin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Addison Myers

(Address) 1219 Raine St

15 Filed 1926, 19 Robert F. Garrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 3 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1925 to January 3, 1926

that I last saw him alive on January 2, 1926

and that death occurred, on the date stated above, at 12 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds. —

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Exam

(Signed) Frank E. Mercer, M. D.

1926 (Address) 1000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemtry

DATE OF BURIAL 1/6 1926

20 UNDERTAKER Walter B. Spriggs

ADDRESS 739 W. Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 05354

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 05354

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Boyd ST. 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Blake

(a) RESIDENCE NO. 914 Boyd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leroy Blake

6 DATE OF BIRTH (month, day, and year) 12/27/1895

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hsw

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Jno Dixon

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Hester Giles

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Leroy Blake (Address) 914 Boyd. Blake.

15 Filed 1926, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31/1926

17 I HEREBY CERTIFY, That I attended deceased from 1/1, 1926, to 1/31, 1926, that I last saw her alive on 1/26, 1926, and that death occurred, on the date stated above, at 6.50 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard Finy, M. D.

1/4, 1926 (Address) 914 Boyd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Cemtery

DATE OF BURIAL 1/6 1926

20 UNDERTAKER Walter B. Spriggs

ADDRESS 139 W. Hamburg St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05355

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05355

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2733 N. Charles St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry McKendree Stevenson

(a) Residence No. 2733 N. Charles St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Conlon

6-DATE OF BIRTH (month, day and year) Oct. 12, 1878

7-AGE, 47
48 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Medical Doctor

(b) General nature of industry, business, or establishment in which employed (or employer): 054

(c) Name of employer:

9-BIRTHPLACE (city or town) Louisville
(State or Country), Kentucky

PARENTS.

10-NAME OF FATHER, Wesley Garrettson Stevenson

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Agnes Quinlin

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country), Maryland

14- (Informant) Mrs. Margaret Stevenson
(Address) 2733 N. Charles Street

15- Filed 1926 Robert F. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 4 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct 1st, 19 25 to Jan 4, 19 26

that I last saw him alive on Jan 3 19 26

and that death occurred, on the date stated above, at 2 00 A.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Intestinal Nephritis (Duration) 12 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Clement Cleveland M. D.

, 19 (Address) 705 N. York Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	1/6, 19 26
20-UNDERTAKER, Henry W. Spears & Son	ADDRESS 805 N. Calvert

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05356

CERTIFICATE OF DEATH.

14-V 129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1601 Park Avenue St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Adelaide Bowie Rose

(a) Residence No. 1601 Park Avenue St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Wright Rose

6-DATE OF BIRTH (month, day and year) Do not know

7-AGE. 68 yrs. -- mos. -- ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Nicholas Hall Shipley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Margaret Contee

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) R. Contee Rose

(Address) 1722 N. Calvert St.

15- Filed 1926 1926 Robert F. Harrison, Registrar.

Deputy Registrar Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-5-26

17- I HEREBY CERTIFY, That I attended deceased from Nov., 1925 to 1-5, 1926 that I last saw h. alive on 1-5, 1926, and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

ARTERIOSCLEROSIS

HYPERTENSION

CHR. NEPHRITIS

(Duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary) CEREBRAL HEMORRHAGE

(Duration) — yrs. — mos. 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. L. L. Dorsey, M. D.

, 19 (Address) 1129 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	1/7, 19 26
UNDERTAKER. Henry W. Myers & Son	ADDRESS 805 N. Calvert St.

Spec.—1-10-21—M&T—1500 Bks.

E 05357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05357

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mrs Violet Buckhardt Druid Hill Sanitarium Dr. REGISTERED NO. 199

CITY OF BALTIMORE: (No. 1105 S. Caey St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Violet Buckhardt.

(a) RESIDENCE NO. Covenant Nursing Home ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 10 mos. 15 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George M. Burkhardt

6 DATE OF BIRTH (month, day, and year) Feb 19 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert E. Lilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Cecelia Schwartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Bernard Lilly (Address) 1105 S. Caey St

15 Filed ....., 19.... Robert P. Harrison, Registrar

1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 1925 to Jan 3 1926.

that I last saw h.... alive on Jan 3 1926

and that death occurred on the date stated above, at 7 0 m.

The CAUSE OF DEATH was as follows:

Edema of Lungs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Covenant Nursing Home

Did an operation precede death? Yes Date of 12/24/25

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Edw Covington M. D.

(Address) 511 Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Jan 6 1926

20 UNDERTAKER: Jos Joerdens & Son ADDRESS: 217 S. Pa...

Spec.—1-10-21—M&T—1500 Bks.

E 05358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 05358

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1712 Eutaw Place. (St.) (14-2) (Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Ullman.

(a) RESIDENCE No. 1712 Eutaw Place. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Ullman.

6 DATE OF BIRTH (month, day, and year) Nov. 27, 1849.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

PARENTS

10 NAME OF FATHER Abraham Ullman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Dr. Ullman.
(Address) 1712 Eutaw Place.

15 Filed 1926, 19 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 4, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1926, to Jan 4, 1926, that I last saw h[illegible] alive on Jan 4th, 1926 and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Thyroid Gland.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) Eugene F. Leopold, M. D.

, 19 (Address) 200 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem. DATE OF BURIAL: 1/6/1926.

20 UNDERTAKER: David Sondheim ADDRESS: 115-20 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05359

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-401

74 E 05359

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 S. First St. ST., 76-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph J. Hartman

(a) RESIDENCE NO. 920 S. First St ST., 76 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Hartman

6 DATE OF BIRTH (month, day, and year) June 1-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... brs or ..... min.
	67	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Barbara Hartman (Wife)

(Address) 920 S First St.

15 Filed ....., 1926 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Jany 1st, 1926, to Jany 2nd, 1926, that I last saw h[illegible] alive on Jany 2, 1926, and that death occurred, on the date stated above, at 10.55 P. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

(duration) Indefinite mos ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb N Athey, M. D.

Jan. 5th 1926 (Address) 20 S Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Jan. 6th 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Cor.—1-12-23—M&T—100 Bks.

05360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05360

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Tracy

(a) RESIDENCE NO. 2022 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Tracy

DATE OF BIRTH (month, day, and year) March 24/1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	9	10	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto. Md
(State or country)

10 NAME OF FATHER Bartholomay Barrett

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Flynn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

Informant John T. Tracy
(Address) 2022 Eastern Ave

Filed ..... 192 Robert F. Harrison,
Registrar
1926 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan3-26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis
Chr. Passive Congestion
(Autopsy at Hopkins)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Weller, M. D.
(Coroner.)

1/5/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
N. C. Cemetery	Jan 6 192 6
20 UNDERTAKER	ADDRESS
Kelly-Weller Co.	703 S. Broadway

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05361

CERTIFICATE OF DEATH.

182 E 05361

1-PLACE OF DEATH Found in Harbor

CITY OF BALTIMORE: (No. Foot of Broadway ST. 3-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Marie Kalb.

(a) RESIDENCE No. 2475 Bond ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Kalb

DATE OF BIRTH (month, day, and year) May 28/1845

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	7 8	6 8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer at home

BIRTHPLACE (city or town) .....
(State or country) Germany

10 NAME OF FATHER Stein

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

Informant Gertrude Seeker

(Address) 107 S Carey St

Filed ..... 1926, 192 .....

Robert P. Harrison,
Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

accidental Drowning

(duration) Found Dead ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James H Hawkins, M. D.
(Coroner.)

Jan 5, 1926 (Address) York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem	Jan 7 1926
20 UNDERTAKER	ADDRESS
John C Miller 3198	Monument St

Cor.—1-12-28—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05362

100-001 E 05362

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. Balto City Hospital ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bernacki

(a) RESIDENCE NO. 2303 Gallagher Ct ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 4 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	11		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Boiler Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer Bethlehem Steel Co

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Stanislaus Bernacki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Koparynski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Anthony Bernacki
(Address) 2718 Hudson St

Filed ....., 192 .....

Robert F. Harrison
Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) Few days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Rankin, M. D.
(Coroner.)

Jan 6, 1926 (Address) York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Jan 7 1926
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

Spec.—4-9-19—H. P. Co.—1000 Blks.

(Barre St)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05363

CERTIFICATE OF DEATH.

101 E 05363

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 617 Barre Street ST. 22-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth N Lewis

(a) RESIDENCE. NO. 617 Barre ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 63 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE: Years 60 yrs — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Geo Winston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Elizabeth Winston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Mrs Hattie Hill

(Address) 617 Barre St

15 Filed ....., 19.....

Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1925 to Jan 2, 1926, that I last saw h[illegible] alive on Jan 2, 1926, and that death occurred, on the date stated above, at 11.25 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 32 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 32 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Symptoms

(Signed) Chas. H. Slocum, M. D.

Jan. 2, 1926 (Address) 712 S. Bway. Ent

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion cmty	1/6/26
20 UNDERTAKER: Mrs Geo H Hooper	ADDRESS 400 W Lanvale St

1926 Burial Permit Clerk

Cor.—1-12-23—M&T—100 Blks.

E 05364 HEALTH DEPARTMENT—CITY OF BALTIMORE -001

100 E 05364

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bals City Hos ST. H-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Parker

(a) RESIDENCE NO. 720 Sarah Ann ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Colrd	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Married

DATE OF BIRTH (month, day, and year) 1892 Jan 1

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34	0	X 2	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer dont know

BIRTHPLACE (city or town) V.A
(State or country)

10 NAME OF FATHER dont know

11 BIRTHPLACE OF FATHER (city or town) V A
(State or country)

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) on know
(State or country)

Informant Lillian Parker
(Address) 320 Sarahann Street

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Edema Lungs

(duration) ..... yrs. ..... mos. 2 ds.

(Signed) James M Peeples, M. D.
(Coroner.)

Jan 4, 1926 (Address) Fort Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 3 yrs., 2 mos., 2 ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? 720 Sarah Ann

Former or usual residence (((

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL Jan 7 192 6

20 UNDERTAKER Leonard Shelton Miller

ADDRESS 701

JAN 7 1926

BUREAU OF VITAL STATISTICS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05365

CERTIFICATE OF DEATH.

10-09 E 05365

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospt. (ST.) 5-W (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James E Hagner

(a) RESIDENCE NO. 1304 Mulliken St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE Colrd.

5 Single, ~~Married, Widowed, or Divorced~~ (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) about 1884

7 AGE about 41 — Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Diver.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Laura Jacobs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Laura ~~Jacobs~~

(Address) 1304 Mulliken St.

15 Filed JAN 6 - 1926, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-1926

17

I HEREBY CERTIFY, That I attended deceased from 12-30-, 1925, to 1-3-, 1926,

that I last saw him alive on 1-3-, 1926,

and that death occurred, on the date stated above, at 4 15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & P. M.

(Signed) H. Zinzendorf, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 1/6/26

20 UNDERTAKER Mr. R. A. Elliott — ADDRESS 1225 Ashland.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05366

CERTIFICATE OF DEATH.

12-3 129 E 05366

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2835 N. Calvert St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Ellanore L. Walker

(a) Residence No. 2835 N. Calvert St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6-DATE OF BIRTH (month, day and year) July 7, 1844

7-AGE. 81 yrs. 5 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Walker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Wilhelmina Cook

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14- (Informant) Miss Louise Walker

(Address) 2835 N. Calvert St.

15-

Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 4, '26

17- I HEREBY CERTIFY, That I attended deceased from December 18th. 1925, to Jan. 4th. 1926, that I last saw her alive on January 4th 1926, and that death occurred, on the date stated above, at 2.50 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

Unknown (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) --- yrs. --- mos --- ds.

18-Where was disease contracted if not at place of death? ----------

Did an operation precede death? No Date of ---

Was there an autopsy? No.

What test confirmed diagnosis? Urinalysis. Physical Signs, Etc.

(Signed) Melanie L. Brown M. D.

, 19 (Address) 2827 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. 1/6, 19.26

20-UNDERTAKER. Henry U. Mears & Son

ADDRESS 805 N. Calvert

Robert F. Kramer
Clerk.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05367

CERTIFICATE OF DEATH.

100-001 E 05367

REGISTERED NO.

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hosp. ST. 19-2 WARD)

2-FULL NAME Richard Coram

(a) RESIDENCE NO. 109 South Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Aug 12/1924

7 DATE OF BIRTH (month, day, and year) Unknown.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	1	16 4	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 00

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) md

10 NAME OF FATHER Guy Coram

11 BIRTHPLACE OF FATHER (city or town) md (State or country)

12 MAIDEN NAME OF MOTHER Lenfinard

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

Informant (Address) Univ. Hosp

Filed ..... 19 ..... Registrar

BUREAU OF VITAL STATISTICS

JAN 6 - 1926

ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1925, to Jan 5, 1926.

that I last saw him alive on Jan 5, 1926

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Empyema right chest

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec 20/25 over

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edwin M. Robertson M. D.

, 19 (Address) Univ. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 7 1926

20 UNDERTAKER Geo Leonhardt Son — ADDRESS 647 W Pratt

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

5368

31 E 05368

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (C.B. 22-2 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estelle Jubilee

(a) RESIDENCE No. 603 S. Sharpe st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of not stated

DATE OF BIRTH (month, day, and year) 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) West Virginia

10 NAME OF FATHER Carter Bander

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed JAN 6 1926, 19 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1925, to Jan. 3, 1926,

that I last saw her alive on Jan. 3, 1926,

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McKane, M. D.

1-3-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Int. Cathedral Cem.	1/6 1926
20 UNDERTAKER	ADDRESS
Jas. H. Grimes	1625 E. Fayette st

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05369

CERTIFICATE OF DEATH.

179 E 05369

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

CITY OF BALTIMORE: (No. Bal'd City Hos ST. 1-2 WARD)

2-FULL NAME Joseph Riego

(a) RESIDENCE NO. 618 S Port ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 12 1924

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1		23 22	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... nurse girl
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

BIRTHPLACE (city or town) Bal'd City
(State or country)

10 NAME OF FATHER Louis Riego

11 BIRTHPLACE OF FATHER (city or town) Spain
(State or country)

12 MAIDEN NAME OF MOTHER Virginia Steers

13 BIRTHPLACE OF MOTHER (city or town) New Orleans
(State or country) La

Informant Louis Riego
(Address) 618 S. Port.

Filed JAN 6 1925, 192.... ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:
Jo burns over ½ body accident by clothes caught fire from matches playing with (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenlon, M. D.
(Coroner.)
Jan 6, 1925 (Address) 702 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. DATE OF BURIAL Jan 6 1925

20 UNDERTAKER George A Weber ADDRESS 2205 Bank St.

Cor.—1-12-23—M&T—100 Bks.

05370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23-1 170 E 05370

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1008 S. Sharp St. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Stewart.

(a) RESIDENCE NO. 1008 S. Sharp St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divorced

6 If ~~married, widowed~~ or divorced HUSBAND of ~~(or WIFE of)~~ ----------

DATE OF BIRTH (month, day, and year) February 22, 1875

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	10	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Dorchester Co, Md (State or country)

10 NAME OF FATHER John T. Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co, Md.

12 MAIDEN NAME OF MOTHER Eliza J. Maguire.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Md

Informant Edward D. Stewart. (brother)

(Address) 1619 Belt Ave.

Filed ..... 192 ROBERT R. KRAUTER, Registrar

AUG - 1926 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4°1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound in the left temple

over

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Jany. 5, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL June 6th 192 6

20 UNDERTAKER D. Schloman ADDRESS 1039 Lancaster st

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05371

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05371

CERTIFICATE OF DEATH.

16-6 101-0E

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1102 Riggs Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Ora E. Hyde

(a) Residence No... 1102 Riggs Ave St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White or Colored (Write the word.) Colored

5-If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Jan 1886

7-AGE. 39 Yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laundry Driver

(b) General nature of industry, business, or establishment in which employed (or employer)..... 086

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry Hall

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Berry

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant)..... Mrs. Hall

(Address) 1102 Riggs Ave

15- Filed JAN 6 1926 ROBERT R. KRAMER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 5 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1925, to Jan 5 1926

that I last saw her alive on Jan 5 1926

and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Labor Premature

Rigid Cervix

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Eclampsia

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F. Claughton M. D.

Jan 5, 1926 (Address) 1506 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Pet Auburn Ave

DATE OF BURIAL, 1/8 1926

20-UNDERTAKER Samuel T. Hemsley

ADDRESS 578 W Lafayette

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05372

CERTIFICATE OF DEATH.

46

E 05372

1-PLACE OF DEATH Morgan St.

CITY OF BALTIMORE: (No. Wt. Winans, 1925-3 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Riley

(a) RESIDENCE NO. Wt. Winans ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph S. Riley

DATE OF BIRTH (month, day and year): March 4 1813

AGE: Years 5 Y; Months 10 9; Days; If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Frederick Md

10 NAME OF FATHER: Richard Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Md

12 MAIDEN NAME OF MOTHER: Sidney Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Md

Informant: Daughter

(Address): Wt. Winans

Filed , 19 Registrar

JAN 6 1926 ROBERT R. KRAMES

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/31 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/18/, 1925, to 1/31, 1926,

that I last saw h[er] alive on 1/21, 1926,

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 1½ mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. W. Hawkins M. D.

1/4/, 1926 (Address) 914 N. Fulton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 1/6 1926

20 UNDERTAKER: Samuel I. Hendley

ADDRESS: 1528 Eastlake

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05373

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 05373

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 820 Edmondson Ave St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Amanda Jones

(a) Residence No.... 820 Edmondson St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1831

7-AGE 95 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Louisa Co

PARENTS.

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country) Unknown

14- (Informant) Mary Briggs

(Address) 820 Edmondson Ave

15- Filed JAN 6 1926 ROBERT L. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/4/26

17- I HEREBY CERTIFY, That I attended deceased from 1/3, 19 26, to 1/4, 19 26, that I last saw h.. alive on 1/3, 19 26, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted If not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. E. Jackson, M. D.

1/6, 19 26 (Address) 820 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Louisa Co

DATE OF BURIAL, 1/6, 19 26

20-UNDERTAKER, Samuel T. Hendley

ADDRESS 578 W Pratt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05374

CERTIFICATE OF DEATH.

101-001

E 05374

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N. Monroe ST., 21-5 WARD)

2-FULL NAME Mrs Maggie Ellen Whittle

(a) RESIDENCE NO. 102 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Whittle

6 DATE OF BIRTH (month, day, and year) 10/10/1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md

PARENTS

10 NAME OF FATHER Taylor.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Sutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Miss Monroe E. Whittle

(Address) 102 N. Monroe St.

15 Filed JAN 6 - 1926 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1926, to Jan 3, 1926

that I last saw h[illegible] alive on Jan 3, 1926,

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) J. Heller Hemming, M. D.

1/4, 1926 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan. 6, 1926

20 UNDERTAKER George L. Schwab ADDRESS 2101 Eastern

Spec.—1-12-23—M&T—500 Blks.

E 05375

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 05375

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua J. Brown -

(a) RESIDENCE NO. 1013 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie A. Brown.

DATE OF BIRTH (month, day, and year) 6-21-1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	13.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 30

(b) General nature of industry, business, or establishment in which employed (or employer) Steam Engine

(c) Name of employer

BIRTHPLACE (city or town) Harford Co.
(State or country) Md -

10 NAME OF FATHER John Brown.

11 BIRTHPLACE OF FATHER (city or town) Harford Co.
(State or country)

12 MAIDEN NAME OF MOTHER Mary.

13 BIRTHPLACE OF MOTHER (city or town) Harford Co.
(State or country)

14 Informant Chas. E. Brown -
(Address) 139 Montevideo Terrace

Filed JAN 6 1926 ROBERT R. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-30, 1925, to 1-4, 1926, that I last saw h~~im~~ alive on 1-4, 1926, and that death occurred, on the date stated above, at 8⁵⁵ a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No -

What test confirmed diagnosis? Clin. Diag.

(Signed) Howard Stowell, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL Jan 8 1926

20 UNDERTAKER Wm J Buckner Sons ADDRESS N Y Av

Spec.—1-10-21—M&T—1500 Blks.

E 05376

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05376

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 N. Caroline ST. 10-2 WARD)

2-FULL NAME Evie Campbell

(a) RESIDENCE NO. 808 N. Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Grace Campbell

6 DATE OF BIRTH (month, day, and year) Sept 24 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) St Mary's Co (State or country) Md.

PARENTS

10 NAME OF FATHER William Campbell

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER Mary Travers

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Maude Cooper (friend) (Address) 808 N Caroline st

15 Filed ....., 19 ..... ROBERT R. KRAUTER, Registrar

JAN 6 - 1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1925 to Jan 3, 1926, that I last saw him alive on Jan 1, 1926 and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Alcoholic Poisoning

..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Evidence History

(Signed) R. J. Gosney, M. D.

1/4, 1926 (Address) 1124 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel — DATE OF BURIAL Jan 6 1926

20 UNDERTAKER John W. Henderson — ADDRESS 1502 E monument

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05377 E 05377

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1917 (St.) Eutaw Place (Ward) 42

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Hall Davis

(a) RESIDENCE. No. 1917 Eutaw Place St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gilbert Francis Davis

6 DATE OF BIRTH (month, day, and year) April 10, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	28 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William Disney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Maria Timanus

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant George H Davis (Address) 1917 Eutaw Place

15 Filed JAN 6 1926 ..19.. ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1925, to Jan 5, 1926.

that I last saw h[illegible] alive on Jan 5, 1926.

and that death occurred, on the date stated above, at 4:40 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Heat + Acid.

(Signed) Jervis Eberly M. D.

1-5, 1926 (Address) 701 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 7 1926
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05378 3/ E 05378

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 755 Mc Henry ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Greenfield

(a) RESIDENCE NO. 755 Mc Henry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Greenfield

6 DATE OF BIRTH (month, day, and year) Sept 15 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John Greenfield

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Emma Walter

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Annie E Greenfield
(Address) 755 Mc Henry

15 Filed , 19

ROBERT R. KRAUTER,
Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/1, 1926, to 1/3, 1926,

that I last saw h— alive on 1/3/26, 19

and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Chr Dis of Kidneys

(clinical) Bright's Dis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward J Kemp, M. D.

1/5/1926 (Address) 910 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edmondson Ave Bonnie Brae

DATE OF BURIAL Jan 7 1926

20 UNDERTAKER George F Smith

ADDRESS 193 Hollins

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05379

CERTIFICATE OF DEATH.

60-001 ✓ E 05379

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 N. Gay St ST. 10-2 WARD)

2-FULL NAME Dora Levy

(a) RESIDENCE NO. 901 N. Gay St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Max Levy

DATE OF BIRTH (month, day, and year) March 16/1881

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	9	20	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Morris Mendel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Max Levy
(Address) 901 N. Gay St

Filed AUG - 1926 HUBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypothyrodism-Obesity-Asthma (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. H. Pace, M. D.
(Coroner.)

1-6-26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Cemetery — DATE OF BURIAL 1/6 192 6

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto St

Spec.—1-12-23—M&T—500 Bks.

05380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 129 E 05380

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U. S. Marine Hos. ST. 12-7 WARD)

2-FULL NAME Joseph Connor

(a) RESIDENCE NO. 1130 Fairwater St. Philadelphia Pa. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~25~~ yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1865 month not given.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) S.S. Anthony Groves

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Not given Delaware

PARENTS

10 NAME OF FATHER John Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant (Address) Hospital Records

15 Filed ....., 19 ..... Registrar

ROBERT R. KRAUTH

JAN 6 1926 Chief Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1926. to Jan. 5, 1926.

that I last saw him alive on Jan. 6, 1926,

and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

Cardiac dilatation

Arterial hypotension

(duration) ..... yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Mitral insufficiency.

Chronic nephritis (duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore, Md.

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Laboratory & Clinical

(Signed) W. H. [illegible], M. D.

, 19 (Address) U. S. Marine Hospital # 1 Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	1/6 1926
20 UNDERTAKER	ADDRESS 1127 E Balto St
H. Kleinow & Bro	

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05381

CERTIFICATE OF DEATH.

E 05381

1-PLACE OF DEATH

REGISTERED NO. 90 E 05381

CITY OF BALTIMORE: (No. Rusk Ave near Ridgely St. Washington Ward) 22-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margeret Elizabeth Parks.

(a) RESIDENCE. No. Rusk Ave – ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ✓ mos. ds. How long in U. S., if of foreign birth? ✓ yrs. – mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C. Parks.

6 DATE OF BIRTH (month, day, and year) April 19-1882

7 AGE	Years	Months	Days	If LESS than 1 day ✓ hrs. or ✓ min.
	43 ~~44~~	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Somerset County Md.

10 NAME OF FATHER John C. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Somerset Co. Md.

12 MAIDEN NAME OF MOTHER Mary C. Summers.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Somerset Co. Md.

14 Informant (Address) Mrs Hans W Zuehlsdorf 2826 Presstman st

15 Filed JAN 6 - 1926 19 KUBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 1. 1926, to Jany 5 1926.

that I last saw her alive on Jany 4 1926.

and that death occurred, on the date stated above, at 3.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

(duration) ✓ yrs. ✓ mos. 6 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ✓ yrs. ✓ mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Usual

(Signed) George C. Shannon, M. D.

1/5. 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemt DATE OF BURIAL: Jan 7 1926

20 UNDERTAKER: William Cook ADDRESS: 502 E Pratt

Spec.—1-10-21—M&T—1500 Blks.

Dr Fisher 1823 N Washington

E 05382 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05382

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maple Ave ST., Hamilton 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Garitee

(a) RESIDENCE No. Maple Ave ST., Hamilton WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine F. Garitee

6 DATE OF BIRTH (month, day, and year) Oct 10, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER William L Garitee

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Hanna E McKenna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do

14 Informant Josephine F. Garitee (Address) 1 Maple Ave

15 Filed AUG - 1926 ROBERT M. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Jan 4, 1926

that I last saw him alive on Jan 2, 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Frahm, M. D.

1/5, 1926 (Address) 1823 N. Wash. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL Jan 6 1926

20 UNDERTAKER W. M. Cook — ADDRESS 502 E North Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05383

88-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Belvedere & Linden Ave ST., (or) WARD)

2-FULL NAME Albin Lindh

(a) RESIDENCE NO 1054 W. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth A. Lindh

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman 086
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer U. S. Steamship Co

BIRTHPLACE (city or town) (State or country) Sweden

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

Informant Elizabeth A. Lindh
(Address) 1054 W. Fayette St

Filed ..... JAN 6 1926 ..... 192 ROBERT E. KRAUTER Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2 · 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Injuries from a Street Car accident

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Mousseau, M. D.
(Coroner.)

Jan 4, 1926 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL Jan 6 1926

20 UNDERTAKER William Lee — ADDRESS 502 E. Madison

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05384

CERTIFICATE OF DEATH.

6-2 24-001

E 05384

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 N Castel ST. 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob M. Rosenthal

(Residence in Baltimore: No. 132 N. Castel St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M	W	M

6-DATE OF BIRTH, Sept 9 (Month) (Day), 1868 (Year)

7-AGE, 57 26. 57 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): 080

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Harris Rosenthal

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Late Rosenthal

(Address) 132 N Castle St

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1925, to Jan 5 1926, that I saw h.. alive on Jan 5 1926, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Joseph J. McMurtrie M. D.

Jan 6th, 1926 (Address) 2319 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Orthodox Cemetery

DATE OF BURIAL, Jan 6, 1926

20-UNDERTAKER Jack Lewis

ADDRESS 1434 E Balto St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05385

CERTIFICATE OF DEATH.

41 E 05385

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Baldwin

(a) RESIDENCE NO. 422 N. Wolfe St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Baldwin

DATE OF BIRTH (month, day, and year) March 30/1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	20	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sawyer
(b) General nature of industry, business, or establishment in which employed (or employer) Canton Box Factory
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto.Md

10 NAME OF FATHER Shos. Baldwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.Md

12 MAIDEN NAME OF MOTHER M.E. Parkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.Md

Informant H. Baldwin (son) (Address) 422 N. Wolfe St

Filed ... 192 ... Registrar

ROBERT R. PRENTER
Vital Records Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Septicemia-accidental injury to left hand by piece of of wood while working at saw Canton Box Factory, Dec 19/25 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Walker, M. D. (Coroner.)

1/5/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL H. Walhaus Cem. DATE OF BURIAL Jan 8 192 6

20 UNDERTAKER David Heeman ADDRESS 92 S. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05386 E 05386

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3657 Chestnut Ave 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth V Covahey

(a) RESIDENCE NO. 3657 Chestnut Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov 29 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
19	20	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer) Seamless 69

(c) Name of employer

9 BIRTHPLACE (city or town) Md (State or country)

PARENTS

10 NAME OF FATHER John F Covahey

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME Mary McCarthy

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mary V Covahey (Address) 3657 Chestnut Ave

15 Filed JAN 6 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1926

17 I HEREBY CERTIFY That I attended deceased from Nov. 4, 1925, to Jan. 3, 1926

that I last saw h[illegible] alive on Jan 3 1926

and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Microscopic

(Signed) C T Hinkel, M. D.

Jan 5, 1926 (Address) 3201 Poplar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL Jan 7 1926

20 UNDERTAKER Chenoweth & Son ADDRESS 3657 Chestnut Ave

Spec.—1-12-23—M&T—500 Bks.

E 05387

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 05387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 27-6 WARD)

2-FULL NAME Charles Koellner

(a) RESIDENCE No. 202½ Prospect Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Koellner

6 DATE OF BIRTH (month, day, and year) July-17-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker 003

(b) General nature of industry, business, or establishment in which employed (or employer) Ditto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Carl Koellner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Muth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed 1-6-1926, 19 Robert P. Harrison, Registrar

Burial Permit Cl'd 1-7

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5- 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-17-, 1925, to 1-5-, 1926, that I last saw him alive on 1-4-, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical and

(Signed) Harry S. Adams M.D.

1/5/ 19 26 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 7 1926

20 UNDERTAKER Horace H. Burgee

ADDRESS 631 Gallo. Rd.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05388

CERTIFICATE OF DEATH.

16 1.09 E 05388

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST. 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Rose

(a) RESIDENCE No. 520 N. Central Av. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Female Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 28 1925

7 AGE — Years | Months | Days | If LESS than 1 day, 2 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ---

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Andrew Rose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Viola Hutchins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant W. E. Simon

(Address) Johns Hopkins Hospital.

15 Filed 1926, 19 Robert F. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-28, 1925, to 12-28, 1925,

that I last saw her alive on 12-28, 1925,

and that death occurred, on the date stated above, at 9 00 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? no Date of ---

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. E. Simon M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: JOHNS HOPKINS HOSPITAL

ADDRESS

Cor.—1-12-23—M&T—100 Bks.

E 05389

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 05389

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — CITY OF BALTIMORE: (No.) Enroute to St Joseph "ospital (ST.) 96-2 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Albert Kaferlein

(a) RESIDENCE NO. 40 Raspe Ave., (Overlea) ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: none

DATE OF BIRTH (month, day, and year): Nov 16-1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	11	20	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Commission "erchant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: 045

BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: John Albert Kaferlein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Barbara Sauers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.Md

Informant (Address): Wm. H.Kaferlein (Bro) ~~2913 Clifton Park Ave~~

Filed 1926, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chr Alcoholism

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Patterson M. D.

1/6/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Jan 8 192 6

20 UNDERTAKER: Johannah Carroll — ADDRESS: 1004 Aisquith St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05390 E 05390

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 S. Belnord Ave ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Gloria Ryan

(a) RESIDENCE NO. 529 S. Belnord Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) July 4. 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) infant

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph R. Ryan

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Burlock

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Joseph R. Ryan (Address) 529 S. Belnord Ave

15 Filed 1926, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5. 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 26, 1925, to Jan 5, 1926, that I last saw h[illegible] alive on Jan 4, 1926, and that death occurred, on the date stated above, at 1.15 A. m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia Cardiac Syncope (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] Wright, M. D.

1/6, 1926 (Address) 1084 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL 1st Evangelical Cemetery DATE OF BURIAL Jan 7. 1926

20 UNDERTAKER H. Sander Sons Inc ADDRESS 1710 Eat H.

Spec.—1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05391 E 05391

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... ST., 1-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Burton

(a) RESIDENCE NO. 800 S. Robinson St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced, (write the word)~~: Widowed

5a ~~If married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of: Widowed John Burton

6 DATE OF BIRTH (month, day, and year): May 2, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~72~~ 73	73	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): U. S. Baltimore Md

PARENTS

10 NAME OF FATHER: Charles Ensor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co.

12 MAIDEN NAME OF MOTHER: Catherine Beal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Emma Smith (Address): 800 S Robinson St

15 Filed ..... 1926 ..... 19 ..... Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-5 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1925, to Jan 5, 1926, that I last saw h.er alive on Jan 5, 1926, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac failure c Pulmonary edema

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (1) Diabetes mellitus (2) Diabetic Gangrene left foot

(duration) 10 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 12/24/25.

Was there an autopsy? no

What test confirmed diagnosis? Clin. signs & Symp.

(Signed) Victor Levy, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan. 7 1926

20 UNDERTAKER: Henry Sandel & Sons, Inc.

ADDRESS: 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Bks.

E 05392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05392

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary - 1 REGISTERED NO. 57

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Bannister

(a) RESIDENCE NO. Forest Hill, Belair, Md. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 16, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	March 9 10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 37 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER John C. Munks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Md

12 MAIDEN NAME OF MOTHER Elizabeth Stonebraker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md

14 Informant Harry Munks
(Address) Forest Hill, Md.

15 Filed ....., 19 .....
Registrar

Robert F. Harrison,
Burial Permit Clerk.

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1925, to Jan 6, 1926.

that I last saw her alive on Jan. 6, 1926

and that death occurred, on the date stated above, at 1:20 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

approximately (duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known.

Did an operation precede death? yes Date of July 23/26

Was there an autopsy? No.

What test confirmed diagnosis? Blood sugar test

(Signed) Paul W. Engle, M. D.

Jan 6 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Deer Creek Harford Co Cemetery, Md.	Jan 9th 1926
20 UNDERTAKER	ADDRESS
Chas. E. Homberger	Benson Md.

Spec.—1-10-21 M&T 1500 Bks.

E 05393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 97-002 E 05393

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St. H-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME H. Clayton Hearne

(a) RESIDENCE No. 203 E Scott St. ST., Delmar Dela WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Wheatley.

6 DATE OF BIRTH (month, day, and year) Mar 25, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53		9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter.

(b) General nature of industry, business, or establishment in which employed (or employer) Manual 050

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Dela
(State or country)

PARENTS

10 NAME OF FATHER Jos. W Hearne

11 BIRTHPLACE OF FATHER (city or town) Dela
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Miller

13 BIRTHPLACE OF MOTHER (city or town) Dela
(State or country)

14 Informant Hospital Record
(Address)

15 Filed 1-6, 1926, 19 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1926, to Jan 6 1926, that I last saw him alive on Jan 6 1926, and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Pan-Necrosis.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Splenectomy

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Univ Hosp

Did an operation precede death? No Date of none

Was there an autopsy? no X-Ray

What test confirmed diagnosis? Pathology

(Signed) H. K. Pinkerton, M. D.

(Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Delmar Del — DATE OF BURIAL Jan 6 1926

20 UNDERTAKER Harry D. Witzke — ADDRESS 1531 W Lombard St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05394 — 101 — E 05394

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 1734 E Lombard St. (WARD) 2-1

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F Thompson

(a) RESIDENCE NO. 1734 E Lombard St., WARD ..... (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11 or 26 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	1	9	

8 OCCUPATION OF DECEASED Street Sweeper

(a) Trade, profession or particular kind of work City Employee

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER George F Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Erobell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mary Thompson (Address) 1734 E Lombard

15 Filed ....., 19 ..... Registrar

1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1926, to Jan 5, 1926, that I last saw h[illegible] alive on Jan 5, 1926, and that death occurred, on the date stated above, at 5½ a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Convulsions (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Isaac A Geraghty, M. D.

1/6, 1926 (Address) 2007 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Bethel

DATE OF BURIAL Jan 7 1926

20 UNDERTAKER Wendell Pfeffel & Son

ADDRESS 378 Mn

Spec.—1-10-21—M&T—1500 Bks.

E 05395

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 125 05395

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Payson and Dukeland ST. 7-11-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna Wirth

(a) RESIDENCE No. 1604 W. Cross ST., WARD Annapolis Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Wirth

6 DATE OF BIRTH (month, day, and year) Mar 31. 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Herget

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) do

14 Informant Charles Herget
(Address) 1138 W. Hamburg St

15 Filed 1926 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3 1926 to January 6 1926.

that I last saw her alive on January 6 1926

and that death occurred, on the date stated above, at 2:00 a. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Myocardial insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western DATE OF BURIAL Jan 8 1926

20 UNDERTAKER Mrs. Mrs J. W. Zeufel & Son ADDRESS 801 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05396 11-01 E 05396

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 Division ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Page

(a) RESIDENCE NO. 1330 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Page

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) porter 07d

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Robert Page

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Leah Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Eliz Page (Address) Brookfield Mass

15 Filed 1926, 19.. Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1925, to Jan. 4, 1926, that I last saw him alive on Jan. 4, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

~~Influenza~~ Broncho-Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm T. Carr, Jr., M. D.

Jan 5, 1926 (Address) 515 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hope Well Md — DATE OF BURIAL Jan 7 1926

20 UNDERTAKER Robert Wallace ADDRESS 1515 McCulloh St

Spec.—1-10-21—M&T—1500 Bks.

Benderritter

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05397 44 E 05397

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 S. Gilmor St. 14-2 ST. WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Bendernutter

(a) RESIDENCE NO. 105 S Gilmor St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Bendernutter

6 DATE OF BIRTH (month, day, and year) Feb 8. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Erie Pa (State or country)

PARENTS

10 NAME OF FATHER Joseph A. Bendernutter

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant David J. Healy (Address) 105. S Gilmor St

15 Filed JAN 7 - 1926 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 16 , 1925 , to Jan , 1926 , that I last saw him alive on Dec 19 , 1925 , and that death occurred, on the date stated above, at 4.00 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Throat & Stomach

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. A. Schaefer, M. D.

, 19 (Address) 53 S. Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 8th 1926

20 UNDERTAKER A. Jones — ADDRESS 111 S. Gilmor St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05398

CERTIFICATE OF DEATH. 1926 4-001

E 05398

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 115 Rockdale Ave ST. Roberts WARD)

2-FULL NAME Belle Collins

(a) RESIDENCE No. 115 Rockdale Ave. ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Collins

6 DATE OF BIRTH (month, day, and year) Aug 10 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	74	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home do

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant Lizie Myers (Address) 115 Rockdale Ave.

15 Filed JAN 7 1926 ROBERT R. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 1925 to Jan 6, 1926.

that I last saw her alive on Jan 6, 1926.

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson M. D.

1-6, 1926 (Address) Roseburg, Balt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Jan. 8 1926

20 UNDERTAKER Frederick Grossmeyer Sons ADDRESS Fulberton

Spec.—1-10-21—M&T—1500 Bks.

William A. Crawford.

05399

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 90 E 05399

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Andrew Crawford

(a) RESIDENCE NO. Coppertown Pa. ST., WARD W P

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred since Nov 27th yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Andrew Crawford

6 DATE OF BIRTH (month, day, and year) Apr 24 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work merchant 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Coppertown Pa. (Co)

PARENTS

10 NAME OF FATHER Robert Crawford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Kelley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs Sara Dana (Address) Coopertown, Pa

15 Filed JAN 7 1926, 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27th, 1925, to Jan. 5th, 1926, that I last saw h (him) alive on Jan. 5th, 1926, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis,
Myocarditis.

years. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Coppertown Pa

Did an operation precede death? NV Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. L. Wertheimer, M. D.

Jan 5th, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Franklin, Pa. DATE OF BURIAL 1/7 1926

20 UNDERTAKER J. Bowmans & Son ADDRESS 605 N. Calvert St

VIA. PENN. R.R. MRS. SARA DANA, ESCORT.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 05400 B 05400

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2565 REGISTERED NO. C 61-001

CITY OF BALTIMORE: (No. 2565 McCollah St.; 19-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Sullivan

(Residence in Baltimore: No. 2565 McCollah St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)

6-DATE OF BIRTH, Jan 6, 1926
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 13 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Walter Sullivan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ruth Bair

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Sullivan

(Address) 2565 McCollah

15- Filed JAN 7 - 1926 ..... 191.....
ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 6, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1926, to ' 191 ,
that I saw h alive on Jan 6 1926,
and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Premature birth
Delivered by midwife

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. O. Klozk M. D.

Jan 6, 1926 (Address) 2232 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baughman Cemetery DATE OF BURIAL, Jan 7..., 1926

20-UNDERTAKER Jonah Syer ADDRESS 1600 W. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

E 05401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05401

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2565 REGISTERED No. C

CITY OF BALTIMORE: (No. 2565 McCulloh St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Sullivan

(Residence in Baltimore: No. 2565 McCulloh St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)

6-DATE OF BIRTH, Jan 6, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 14 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Walter Sullivan

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Ruth Bair

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Sullivan

(Address) 2565 McCulloh St

15-

Filed ....., 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to ..... 191....., that I saw h..... alive on Jan 6 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Delivered by midwife)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. Lloyd M. D.

Jan 6, 1916 (Address) 2232 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Baughman Cemetery

DATE OF BURIAL, Jan 7, 1916

20-UNDERTAKER Josiah Syfer

ADDRESS 1600 N North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05402 1 29 E 05402

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 414 N. Bethel (St.) 6-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Edelen

(a) RESIDENCE NO. 414 N. Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Edelen

6 DATE OF BIRTH (month, day, and year) Sept 12 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. odo

(b) General nature of Industry, business, or establishment in which employed (or employer) Lumber.

(c) Name of employer Stofko Lumber Co.

9 BIRTHPLACE (city or town) St. Marys Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Edelen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Camel

13 BIRTHPLACE OF MOTHER (city or town) St. Marys md (State or country)

14 Informant Mary E. Edelen (Address) 414 N. Bethel St.

15 Filed ANT 1926, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1925, to Jan 4, 1926.

that I last saw him alive on Jan 4, 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Oedema of lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam of urine

(Signed) Patrick J. Green, M. D.

1-5, 1926 (Address) 1300 Ausgusta St

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Jan 7 1926

20 UNDERTAKER Mea R. G. Elliott — ADDRESS 1725 Ashland Ave

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05403

CERTIFICATE OF DEATH.

90 E 05403

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Eutaw Place ST. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H Scott

(a) RESIDENCE NO. 1324 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Scott

6 DATE OF BIRTH (month, day, and year) Jan 5 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Ret'd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Robert Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant W. G. Scott

(Address) 1324 Eutaw Place

15 Filed JAN 7 - 1926 ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1925 to Jan 5 1926.

that I last saw h... alive on Jan 5 1926.

and that death occurred, on the date stated above, at 9.45 P.M.

The CAUSE OF DEATH* was as follows:

Senile degeneration

?

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Rosser Thrasher M. D.

Jan 7 1926 (Address) 1438 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem DATE OF BURIAL Jan. 7 1926

20 UNDERTAKER Chas. E. Franck ADDRESS 802 Madison Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05404

CERTIFICATE OF DEATH.

REGISTERED NO. 24-0 05404

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3916 Garrison St., 51 Ward)

2-FULL NAME Annie R. Fulton

(a) RESIDENCE No. 3916 Garrison St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles W.

6 DATE OF BIRTH (month, day, and year): May 23-1854

7 AGE: Years 71 Months 7 Days 11 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Court. F. Goss

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margaretta Remsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs R. E. Johnson

(Address): 3916 Garrison

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1 - 4 - 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Jan 4, 1926,

that I last saw her alive on Jan 4, 1926,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Uterine - Sarcoma - Cerebral Hemorrhage

(duration) yrs. 6 mos ds. Probable

CONTRIBUTORY (Secondary) Second Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Fernando R. Miller, M. D.

, 19 (Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Jan 6 1926

20 UNDERTAKER: Mr Cook

ADDRESS: 502 E Nash

TION IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Dr Bishop York Rd 1001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05405

CERTIFICATE OF DEATH.

100 E 05405

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5616 Govans Ave ST. 27-7 WARD)

2-FULL NAME Charles Ehrman

(a) RESIDENCE NO. 5616 Govans Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 8. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Falls Md.

PARENTS

10 NAME OF FATHER Charles F Ehrman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Falls Md.

12 MAIDEN NAME OF MOTHER Lydia Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Falls Md

14 Informant (Address) Charles F Ehrman 5616 Govans Ave

15 Filed JAN 7 - 1926, 19 ..... Registrar

CHARLES E. KRAULER

Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 6, 1926,

that I last saw h W alive on Jan 6, 1926,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. W. Bishop, M. D.

Jan 6, 1926 (Address) 501 Sheldon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL Jan 8 1926

20 UNDERTAKER Wm Cook — ADDRESS 1032 E North Ave

TION is very important. See instructions on back of

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05406 E 05406

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 S 5th St. Brooklyn ST., 5-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Greenstreet

(a) RESIDENCE No. 22 S 5th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Greenstreet

6 DATE OF BIRTH (month, day, and year) June 20-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman 886

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md Car Wheel Co.

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Eldred Greenstreet

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Mary Sanet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Victoria Greenstreet (Address) 22 S 5th St

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1926, to Jan 5, 1926.

that I last saw h alive on Jan 5, 1926

and that death occurred, on the date stated above, at 12-30 P. m.

The CAUSE OF DEATH* was as follows

Interstitial Nephritis

Instruction (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas W Brack, M. D.

, 1926 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedarhill — DATE OF BURIAL Jan. 8 1926

20 UNDERTAKER Lumbrook — ADDRESS 1056 Hull

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05407

CERTIFICATE OF DEATH

90

E 05407

Registered No.....

1-PLACE OF DEATH Baltimore City Hospitals

City of BALTIMORE: (No. Bay View Asylum St., 1-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Smith

(a) Residence No. 607 S. Luzerne Street St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) Dec 29 1862

7-AGE. 63 64 yrs. 0 mos. 7 27 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14- (Informant) Hospital Records

(Address) Baltimore City Hospitals

15- Filed ..... 192.. ROBERT R. KRAUTER, Burial Permit Officer. Registrar.

JAN 7 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 6 - 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to Jan 6 1926

that I last saw h. alive on Jan 6 1926

and that death occurred, on the date stated above, at 2.20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & Arteriosclerosis -

(Duration) ... mos. ... ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia

(Duration) ... yrs. ... mos. 2 ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Bat Chargo Jr. M. D.

(Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Schmertz

DATE OF BURIAL, Jan 9 1926

20-UNDERTAKER Wm. Cook

ADDRESS 502 E Northern

E 05408 (Traver) E 05408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. C. 127

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1847 Covington St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine P. Traves

(Residence in Baltimore: No. 1847 Covington St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: (Month) unknown (Day) (Year) 1865

7-AGE: 61 — 60 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W T Todd

(Address) 1847 Covington st

15-

Filed ..... JAN 7 - 1926 ROBERT R. KRAUTER Burial Permit ..... 191..

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 6th, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 1925, to Jan 4th 1926, that I saw h[illegible] alive on January 4th 1926, and that death occurred, on the date stated above, at 11 PM m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

uncertain

(Duration) yrs mos ds.

Contributory (SECONDARY) Edema of Lungs

uncertain Duration of Heart

(Duration) yrs mos ds.

(Signed) T. J. Tankin M. D

1/6 1926 [Address] 119 N Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion ct

DATE OF BURIAL: Jan 7 1926

20-UNDERTAKER: J. E. Brown & Son

ADDRESS: 108 N. Monroe St

Spec.—1-10-21—M&T—1500 Bks.

E 05409

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05409

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1028 Whitmore ST. 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Viola Hobbs

(a) RESIDENCE NO. 1028 Whitmore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	N	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Hobbs

6 DATE OF BIRTH (month, day, and year) Mar 13. 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminster Md.

PARENTS

10 NAME OF FATHER David Luster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Arthur Hobbs

(Address) 1028 Whitmore

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 4. 1926. to Jan 6 1926.

that I last saw her alive on Jan 5. 1926.

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Infection of Throat

Diphtheria

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. O'William Frey M. D.

1/6. 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Jan 8 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Baltimore

JAN 7 ROBERT R. KRAUTER

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05410 E 05410

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N Central St. 5-V WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Campher

(a) RESIDENCE No. 427 N Central Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Campher.

6 DATE OF BIRTH (month, day, and year) Nov. 13, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Centreville Md

PARENTS

10 NAME OF FATHER John Wesley Goldsmith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Centreville, Md.

12 MAIDEN NAME OF MOTHER Laura Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Anne Co.

14 Informant (Address) John Campher 427 Central Ave.

15 Filed JAN 7 1926, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1925, to Jan 4, 1926, that I last saw her alive on Jan 4, 1926 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Phthisis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Benj Harris, M. D.

, 19 (Address) 528 S Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Jan 8 1926
20 UNDERTAKER	ADDRESS
Christ H. Johnson & Co	1107 N. Caroline

Spec.—1-10-21—M&T—1500 Bks.

E 05411 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05411

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 554 St Mary's St. 17-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Peck

(a) RESIDENCE NO. 554 St Mary's St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Nellie Peck

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE: Years 52; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pullman Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer: Easton Md

9 BIRTHPLACE (city or town) (State or country): Easton Md

PARENTS

10 NAME OF FATHER: Lemon Peck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lucinda Chamberlain

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Nellie Peck

(Address) 554 St Mary's St

15 Filed ..., 19 ... Registrar

JAN 7 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1926, to Jan. 3, 1926, that I last saw h alive on Jan 3, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic, interstial, Nephritis

(duration) 0 yrs. 2 mos 0 ds.

CONTRIBUTORY (Secondary): Uraemia

(duration) * yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) Chas. S. Nestadt, M. D.

, 19 (Address) 1730 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 1/6 1926

UNDERTAKER: Samuel F. Hemsley

ADDRESS 378 W Baltimore

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05412

CERTIFICATE OF DEATH.

74-001 ✓ E 05412

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 5202 Wayne Ave ST. 26-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Brewer Johnson

(a) RESIDENCE NO. 5202 Wayne Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Henry Clayton Johnson

6 DATE OF BIRTH (month, day, and year): Dec 11/1849

7 AGE — Years: 76 — Months: — Days: 25 — If LESS than 1 day, ...hrs. or ....min.: 26

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Washington D C.

PARENTS

10 NAME OF FATHER: Frederick W. Brewer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Arthur W. Horton

(Address): 5202 Wayne Ave

15 Filed JAN 7 1926, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1925, to Jan 6, 1926

that I last saw h.e alive on Jan 6, 1926,

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Cerebral Hemorrhage

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Bunch, M. D.

Jan 7, 1926 (Address) 4209 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cemetery Washington DC

DATE OF BURIAL: Jany 8 1926

20 UNDERTAKER: Harry A Amacost

ADDRESS: 4204 Ridgewood Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-3 1926 E 05413

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N Milton Ave ST., 6 WARD)

2-FULL NAME Caroline Hilbert

(a) RESIDENCE NO. 204 N Milton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank W. Hilbert

6 DATE OF BIRTH (month, day, and year) Sept 3-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Aug Bechtold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Dora Kaar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Miss Mary Hilbert
(Address) 204 N Milton Ave

15 JAN 7 - 1926 Filed ..... 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 4 , 1926 , to Jan 6 , 1926.

that I last saw her alive on Jan 6 1926.,

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Cor.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Fractured femur - arterial hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Phy. exam.

(Signed) Louis H. Krimmen, M. D.

, 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL Jan 9 1926

20 UNDERTAKER John Lees & Sons

ADDRESS 2008 Aliceanna

Spec—12-23-21—E.E.R.S.—400 Pks.

E 05414

HEALTH DEPARTMENT—CITY OF BALTIMORE

90v

CERTIFICATE OF DEATH.

E 05414

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 21-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Isaac Wolfe

(a) Residence No. 5311 Queensberry St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) June 15 1836

7-AGE.	If LESS than 1 day,
69 yrs. 6 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Can Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, George Wolfe

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Minnie Myers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Baltimore City Hospitals

(Address) Records

15- Filed JAN 7 1926 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 5, 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1 1925 to Jan. 5 1926 that I last saw him alive on Jan 5 1926 and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Coronary Sclerosis
(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina pectoris
(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical & autopsy

(Signed) W. Lindsay Miller, M. D.

1/6, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Olivet Cemetery	Jan 8, 1926

20-UNDERTAKER.	ADDRESS.
Robt J Turner & Son	642 E. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05415 E 05415

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St., 7801 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugh McQuillan

(a) RESIDENCE NO. Mt Hope Retreat St., 28th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 16 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39	47	0	0 20 19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John McQuillan

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Ireland

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Md

15 Filed JAN 7 1926, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 23rd, 1925, to Jan 5th, 1926, that I last saw him alive on Jan 4th, 1926, and that death occurred, on the date stated above, at 3.05 P. m.

The CAUSE OF DEATH* was as follows:

Epilepsy

Since Birth (duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Idiocy & Epilepsy — Since Birth (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Flannery, M. D.

Jan 5, 1925 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Jan 8 1926

20 UNDERTAKER McGinnis & Carroll

ADDRESS 4203 Reisterstown Ave

Spec.—1-10-21—M&T—1500 Blks.

E 05416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 05416

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2318 Oak St ST 17-2 WARD)

2-FULL NAME Frances Cephas

(a) RESIDENCE NO 2318 Oak St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: wife of John Cephas

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Dorchester Co Maryland

PARENTS

10 NAME OF FATHER: Joseph Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: John Cephas

(Address) 2318 Oak St

15 Filed ..... 19 ..... Registrar

JAN 7 1926 ROBERT N. KRAMER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Jan 5, 1926,

that I last saw her alive on Jan 5, 1926,

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis and Renal Asthenia

(duration) 1 yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) 7 yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Carl Blake, M. D.

, 19 (Address) 1726 33 West

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem

DATE OF BURIAL: Jan 8th 1926

20 UNDERTAKER: Joseph A Farrell

ADDRESS 2319 Division St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05417

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 05417

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1022 Bradley Ave St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Emma Rommal

(a) Residence No. 1022 Bradley Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of William E Rommal

6-DATE OF BIRTH (month, day and year) April 8 1866

7-AGE. 59 yrs. 8 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

037

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Jacob Ehrmier

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER. Mary Hirsch

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) William E Rommal

(Address) 1022 Bradley Ave

15-

Filed JAN 7 1926 19

ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-6-1926

17- I HEREBY CERTIFY, That I attended deceased from 12/31/25, 19 to 1/6/26, 19

that I last saw h alive on 1/6/26, 19

and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(Duration) yrs. mos. 24 hrs

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) T. Wilmert M. D.

1/7/26, 19 (Address) 3755 Eutaw

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western

DATE OF BURIAL, 1-8 1926

20-UNDERTAKER. Mrs Chas A J Robbe

ADDRESS 600 Arlington Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05418

101-01 05418

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital (Ward) 11-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Cohen

(a) RESIDENCE NO. 2204 Christian St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Sing G

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15 16	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt city Md

PARENTS

10 NAME OF FATHER Mof Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Beckie Kushner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mof Cohen (Address) 2204 Christian St

15 Filed ... 19... ROBERT R. KRAUS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1—6 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 29, 1925, to Jan 6, 1926.

that I last saw him alive on Jan 6, 1926,

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory evidence

(Signed) Arthur H Cupa, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel

DATE OF BURIAL 1/9 1926

20 UNDERTAKER Jack Levis 1439 E Balt St

ADDRESS

PLANT - WADE Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

E 05419

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05419

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., 6-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Schloer

(a) RESIDENCE NO. 2602 E. Fairmount ST., WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sophie Schloer

6 DATE OF BIRTH (month, day, and year) 1876 / Aug 27

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49		4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~Merchant~~ Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): National Casket Co.

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Robert Schloer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Matilda Kraemer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. Sophie Schloer

(Address) 2602 E. Fairmount

15 Filed ....., 19 ..... Registrar

ROBERT F. KRAMER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5/ 1926

17

I HEREBY CERTIFY, That I attended deceased from ~~Nov. 27~~ Nov. 27 19 25, to ~~Jan 5~~ Jan 5, 19 26,

that I last saw h~~im~~ alive on Jan 5, 19 26,

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) — yrs. — mos 4 ds.

CONTRIBUTORY (Secondary) Papilloma ? Cancer Chronic nephritis

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 10-25-25

Was there an autopsy? No

What test confirmed diagnosis? (W. Bloods 25 Sputum Bacs

(Signed) Victor Heller M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 8 1926

20 UNDERTAKER: Jos. J. Herrmann — ADDRESS: 156 N. Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 05420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05420

CERTIFICATE OF DEATH.

16-08

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Byrd ST., 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Bernhardt

(a) RESIDENCE NO. 1714 Byrd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 6 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Bernhardt

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Morgenstern

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mrs M Bernhardt

(Address) 1714 Byrd St

15 Filed ....., 19.... ROBERT R. KRAUTER, Registrar

JAN 7 - 1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 6, 1926, to Jan 6, 1926

that I last saw her alive on Jan 5, 1926

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

6 Mo Utero Gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. R. Campbell M. D.

Jan 6, 1926 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 1/8 1926

20 UNDERTAKER E A Fanning & Son

ADDRESS 1760 Battery Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05421

CERTIFICATE OF DEATH.

10 E 05421

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. WARD)

2-FULL NAME Robert Pierson

(a) RESIDENCE NO. 139 N. Chapel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 11-1883.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Jos. Peirson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret Branoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Margaret Peirson

(Address) 139 N. Chapel St

15 Filed JAN 7 - 1926 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926 to Jan 6, 1926.

that I last saw h[illegible] alive on Jan. 5, 1926.

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 134 N. Chapel

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Karl F. Flemming M. D.

19 (Address) 329 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL Jan 9 1926

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E. Eager St.

United Funeral Clerks.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05422

CERTIFICATE OF DEATH.

90 E 05422

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N Hare ST. 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Borum

(a) RESIDENCE NO. 113 N Hare ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12 - 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Waterbery Conn

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Fraylard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Newyork NY

14 Informant Albert Milton Borum

(Address) 113 n Hare St

15 Filed ....., 19 .... Robert F. Harrison, Registrar

1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to Jan 6, 1926.

that I last saw h[illegible] alive on Jan 6, 1926,

and that death occurred, on the date stated above, at 7 15a m.

The CAUSE OF DEATH* was as follows:

Dilatation of heart

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? no

(Signed) W E Lemmon, M. D.

1/6, 1926 (Address) 726 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park cemetery

UNDERTAKER ROBERT BROOKS & SON FUNERAL DIRECTORS & EMBALMERS [illegible] CALHOUN & HOLLINS STREETS

DATE OF BURIAL Jan 8 1926

ADDRESS Calhoun Hollins

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05423

CERTIFICATE OF DEATH.

E 05423

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Smith ST. WARD) 14-138

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Carmichal

(a) RESIDENCE No. 603 Smith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Felton Nichens

(Address) 603 Smith Av.

15 Filed ..... 1926 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1925, to Jan 6, 1926,

that I last saw h[illegible] alive on Dec 28, 1925,

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstetial Nephritis

(duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Sues

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Frey M. D.

1/6, 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr W Auburn Cem — DATE OF BURIAL 1/9/1926

20 UNDERTAKER Dann Easton — ADDRESS 26 Carr

Cor.—1-12-23—M&T—100 Bks.

E 05424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05424

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST. 18-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W Brown

(a) RESIDENCE No. 113 N Amity ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Brown

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Brown
(Address) 113 N Amity St

15 Filed ....., 192 Robert P. Harrison, Registrar

1926

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronch-Pneumonia

(duration) 1 yrs. mos. 5 ds.

(Signed) James M Fenton (Coroner.) M. D.

Jan 6, 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death Balto City Hos yrs., mos., 1/2 ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? 113 Amity St

Former or usual residence " "

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1/9/1926
20 UNDERTAKER	ADDRESS
Davis Easton	Balto

Spec.—1-10-21—M&T—1500 Bks. Gilliam (Foster) ✓

E 05425

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-021

E 05425

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Hunter

(a) RESIDENCE No. 1132 Baltow St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE: Years 38 (39) Months ... Days ... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ...
(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Cora Foster
(Address) 1123 Baltow St

15 Filed ..., 19... Robert P. Harrison, Registrar
1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1926, to Jan 6, 1926.
that I last saw him alive on Jan 6, 1926,
and that death occurred, on the date stated above, at 10 P.M.
THE CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? ...
(Signed) D. H. Lanhart, M. D.
1-6, 1926 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Victoria Va — DATE OF BURIAL 1/7/26

20 UNDERTAKER Hamilton Easton — ADDRESS 916 Park

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05426

CERTIFICATE OF DEATH.

41 E 05426

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles C. Floyd.

(a) RESIDENCE NO. 536 Potomac Ave. Brooklyn ST. Md WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 2, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hosiery Hand

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Charles C. Floyd Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Charles C. Floyd

(Address) 536 Potomac Ave

15 Filed ....., 19.... Robert P. Harrison, Registrar

1926

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 6, 1926, that I last saw him alive on 7 am Jan 6, 1926, and that death occurred, on the date stated above, at 7.01 a m.

The CAUSE OF DEATH* was as follows:

Septicemia (Staphylococcus Aureus)
Nephritis Acute

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Abscess left Buttock

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? yes Date of Jan 5. 1926

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy.

(Signed) George B Reed, M. D.

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	Jan 7 1926

20 UNDERTAKER A. Leonard Evans ADDRESS 38 E Fort Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05427

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05427

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 E. Hill St. 72-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian G. Earle

(a) RESIDENCE. No. 33 E. Hill St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54.	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER J. Henry Earle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Eliza Brannan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant J. Henry Earle

(Address) 33 E. Hill St

15 Filed 1926, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from July 25- 1924 to Jan. 6- 1926, that I last saw h[illegible] alive on Jan. 2- 1926, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Epidemic Encephalitis -
Parkinsonian Type -

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical course -

(Signed) Andrew G. Billis M. D.

19 (Address) 1033 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 9 1926

20 UNDERTAKER F. A. Wannemacher

ADDRESS 705 Hamilton

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05428 — 100-001 — E 05428

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 34-1 WARD)

2-FULL NAME Miles Clinton Hendricks

(a) RESIDENCE NO. 421 Sander ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Hendricks

6 DATE OF BIRTH (month, day, and year) Jan. 10. 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Arthur J Hendricks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Emma Anthony

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miles Hendricks
(Address) 421 Sanders St.

15 Filed ....., 19 ..... Robert P. Harrison, Registrar
1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 6, 1926, that I last saw him alive on Jan 6, 1926, and that death occurred, on the date stated above, at 9.45 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) ..... (over)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan 5-26

Was there an autopsy? No

What test confirmed diagnosis? H. R. McConnell

(Signed) M. J. Tomaioli M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL Jan. 8th 1926

20 UNDERTAKER F. A. Wanseck & son — ADDRESS 703 Hanover

FROM KEY IMPRESSING. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05429 E 05429

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara M. Hendrick

(a) RESIDENCE NO. 30 Altoona Ave (Hamilton) ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank K. Hendrick

6 DATE OF BIRTH (month, day, and year) Aug 171891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Peter Latowski

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Valentina Kluszczynski

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

14 Informant Frank K. Hendrick

(Address) 30 ALtoona Ave

15 Filed ..... , 192 Robert P. Harrison, Registrar

1926 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Chr. Nephritis

(History)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Possible slight alcoholism

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Patterson, M. D.

(Coroner.)

1/6/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary.	1/8 192 6
UNDERTAKER	ADDRESS
William Fiallowski	1618 Eastern Ave.

Spec.—1-10-21—M&T—1500 Rks.

05430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital WARD) 06-590 REGISTERED NO. E 05430

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph J. Ament

(a) RESIDENCE No. 408 Highland Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wh.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret M. Ament.

6 DATE OF BIRTH (month, day, and year): January 20 1864

7 AGE: Years 61 Months 6 Days 14 15 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): Oil Business

(c) Name of employer: Standard Oil Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Ament.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Margaret M. Ament. (Address) 408 N. Highland Ave.

15 Filed ....., 19 1926 Robert F. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1925, to Jan 4, 1926, that I last saw him alive on Jan. 4, 1926, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) ..... yrs. 4 mos 4 ds.

CONTRIBUTORY (Secondary): None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. D. Tankersley, M. D.

1-4, 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Jan. 8th 1926

20 UNDERTAKER: Lilly & Son ADDRESS: 403 N. Wolfe St.

IMPORTANT: See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 05431

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 05431

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp ST., 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dubb (Dubb)

(a) RESIDENCE NO. 704 Fairfield Ave. ST.; WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dubb

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gunter Carp
(b) General nature of Industry, business, or establishment in which employed (or employer) Driver 23
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Jno Dubb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Elizabeth Riggins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant C. Dubb
(Address) 704 Fairfield Ave

Filed Jan 6, 1926, 192 Robert P. Harrison Registrar

Chief Deputy Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemia

6 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Jan 6, 1926 (Address) 1679 Bureen

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Jan 9th 1926

20 UNDERTAKER Lilly & Zeiler — ADDRESS 4038 Wolfe St

Cor.—1-12-23—M&T—100 Bks.

E 05432

HEALTH DEPARTMENT—CITY OF BALTIMORE

1886 003

E 05432

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md General Hospital (St.) Md (Ward) H-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin F. Thomas

(a) RESIDENCE No. 1307 Linden Ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth E. M. Thomas

6 DATE OF BIRTH (month, day, and year) Nov 1 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	2	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired (Farmer) 186
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER John R. Thomas

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Isabel Calbs

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Marcellus Thomas
(Address) Louisiana Frigate

15 Filed ....., 1926 Robert P. Hartigan
Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(duration) ..... yrs. ..... mos. 1 hr. ..... ds.

CONTRIBUTORY (Secondary) automobile accident

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

Jan. 7, 1926 (Address) 2502 E. Monument Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Jan 9 1926

20 UNDERTAKER	ADDRESS
John D. Mitchell	120 N Fayette

Spec.—1-12-23—M&T—500 Bks.

E 05433

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05433

CERTIFICATE OF DEATH.

90

REGISTERED NO. 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp. ST. 25-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas L. Richardson

(a) RESIDENCE NO. Quarantine Station ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or) WIFE of~~ Ruby Richardson

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) 054

(c) Name of employer U.S.P.H.S.

9 BIRTHPLACE (city or town) (State or country) Tennessee

PARENTS

10 NAME OF FATHER Richard Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown.

14 Informant Ruby Richardson (Address) 112 W. 25th St.

15 Filed ....., 19 Robert P. Harrison Registrar

1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1925, to Jan. 6, 1926, that I last saw him alive on Jan. 6, 1926, and that death occurred, on the date stated above, at 7:40 P.m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

arterial hypertention

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Quarantine Station

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical.

(Signed) W.A. Fiske, M. D.

, 19 (Address) Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 9, 1926

20 UNDERTAKER John O. Mitchell ADDRESS 120 W. Fayette St.

Spec.—1-10-21—M&T—1500 Blks.

E 05434

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05434

CERTIFICATE OF DEATH.

17-2 7+-001

1-PLACE OF DEATH

REGISTERED No.

CITY OF BALTIMORE: (No. 2119 N. Charles St. ST.) (17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Ann Peterson

(a) RESIDENCE No. 2119 N. Charles St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of George P. Peterson

6 DATE OF BIRTH (month, day, and year) April 5, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Nathaniel Dare

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah J. Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Joseph W. Peterson

(Address) 2119 N. Charles St.

15 Filed , 19 Robert P. Harrison, Registrar

1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1925, to Jan 5, 1926

that I last saw h alive on Jan 5, 1926

and that death occurred, on the date stated above, at 11.50 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Paralysis

(Signed) Wm H Peabody, M. D.

, 19 (Address) 2105 N Chas st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan. 8. 1926

20 UNDERTAKER John A Mitchell

ADDRESS 1201 W. Fayette st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05435 E 05435

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3001 Erdman Ave ST., 6-1 WARD)

2-FULL NAME Elizabeth Roth

(a) RESIDENCE NO. 3001 Erdman Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ludwig Roth

6 DATE OF BIRTH (month, day, and year) Jan. 19-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER J. G. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant J. G. Roth
(Address) 3001 Erdman Ave

15 Filed ..... 19 .....
1926 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1926 to Jan 6th, 1926 that I last saw h[er] alive on Jan 6th, 1926 and that death occurred, on the date stated above, at 3.20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B Eng Mc Cleary M. D.

1/7, 1926 (Address) 405 N Rayenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 8. 1926

20 UNDERTAKER Zirkler + Zirkler — ADDRESS 1739 E. Eager St.

Cor.—1-12-23—M&T—100 Bks.

E 05436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 05436

1-PLACE OF DEATH B.& O.R.R.Yards Locust Point 1-2

CITY OF BALTIMORE: (No. South Yard Foot of Andrews St. WARD)

REGISTERED NO .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin George Wolf.

(a) RESIDENCE No. 609 S.Kenwood Ave. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced, HUSBAND of Grace Wolf.

6 DATE OF BIRTH (month, day, and year) October 31, 1876.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	2	3 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) B.& O.R.R.Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Paul Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Klein.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Grace Wolf.(wife)

(Address) 609 S.Kenwood Ave

15 Filed ..., 192 ... Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally crushed about the body between two cars of B.& O.R.R.Co.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) Otto M Reinhardt (Coroner.), M. D.

Jany 7, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Jan 8. 1926

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1717 Light St

Spec.—6-9-19—H. P. Co.—1000 Bks.

05437

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 05437

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 N. Gilmor St. 16-7 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank N. G. Becton

(a) RESIDENCE. No. 810 N Gilmor St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col'd	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Wilmington Del.
(State or country)

PARENTS

10 NAME OF FATHER Frank Becton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Cora Downing

13 BIRTHPLACE OF MOTHER (city or town) Norfolk
(State or country) Va.

14 Informant Cora E Becton
(Address) 810 N Gilmor.

15 Filed ..... 19 ..... Registrar

NOV 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 28 1925, to Jan 7, 1926, that I last saw h alive on Jan 6, 1926, and that death occurred, on the date stated above, at 12 05 A m.

The CAUSE OF DEATH* was as follows:

Primary. Encephalitis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Norwood, M. D.

Jan 7 1926 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 1/9/26 19

20 UNDERTAKER Mrs. Jas. H. Dennis. Asst. J. E. Kelson

ADDRESS 1303 Presstman St

E 05438 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 05438

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 4139 Fall Road St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street (and number and fill out No. 18.)

2-FULL NAME Frank C Childs

(Residence in Baltimore: No. 4139 Fall Road St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Divorced

6-DATE OF BIRTH. Sept (Month) 19 (Day) 87 (Year)

7-AGE. 50 yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Musician
(b) General nature of industry, business, or establishment in which employed (or employer). Ob

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. William F Childs

11-BIRTHPLACE OF FATHER, (State or Country). Balto Co.

12-MAIDEN NAME OF MOTHER. Mary Klindenze

13-BIRTHPLACE OF MOTHER, (State or Country). Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Whalen

(Address) 4139 Fall Road

15-

Filed ..... 192.... ROBERT R. KRAUTER, Registrar.

PAID 1926 Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 7 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry:) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John J Donnelly M. D.
(Coroner)

Jan 7 1926 (Address) 1632 Rolandcr

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

St Marys Stanford Jan 9 1926

20-UNDERTAKER. ADDRESS

A S Marshall 3539 Fallsroad

E 05439 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05439

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 518 Laurens St. St., 14-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... George L. Brickus.....

(Residence in Baltimore: No. Phila. Pa. St.; yrs.....mos....1...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: about (Month) (Day) 1884 (Year)

7-AGE: 60 yrs. mos. ds.

If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Robt. Brickus

11-BIRTHPLACE OF FATHER, (State or Country): Va

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. E. Brickus

(Address) 518 Laurens St.

15- Filed JAN 8 - 1926 192.. ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan. (Month) 6 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D. (Coroner.)

Jan. 7 1926 (Address) 2802 E. Monument Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Int. Auburn Cem. DATE OF BURIAL: 1-9 192.6

20-UNDERTAKER: Geo. L. A. Gibson ADDRESS 1735 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

E 05440

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-01

E 05440

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital #1. Baltimore Md. 21

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME John Konradsen, Baltimore, Md.

(a) RESIDENCE No. 5 South Broadway ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 4 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 24, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25 24	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman, 1st Class

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. C. G. S. 086

(c) Name of employer U. S. Coast Guard Service

9 BIRTHPLACE (city or town) (State or country) Norway.

PARENTS

10 NAME OF FATHER John Konradsen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Eliza Mateson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway.

14 Informant Self.
(Address)

15 Filed ....., 19 .... Registrar

ROBERT P. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from January 2, 1926 to January 7 1926, that I last saw him alive on January 7, 1926, and that death occurred, on the date stated above, at 4 20 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia,
Influenzal,

(duration) ... yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Atoona Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings & ~~post mortem~~ only data.

(Signed) M. N. Fowler, M. D.

1/7, 1926 (Address) U. S. Marine Hospital #1 Balt. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL 1/8 1926

20 UNDERTAKER Sol Linson & Bro

ADDRESS 1127 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 05441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 05441

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Homestead ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Vansant.

(a) RESIDENCE NO. 1717 Homestead ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Vansant.

6 DATE OF BIRTH (month, day, and year) Nov 6 1848.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Trenton N. J.
(State or country)

PARENTS

10 NAME OF FATHER Louis P Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Trenton N. J.

12 MAIDEN NAME OF MOTHER Katie Fahmore

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Trenton N. J.

14 Informant Wm F Vansant.
(Address) 1717 Homestead

15 Filed ..... 19 ..... Registrar

JAN 7 1926 ROBERT F. KRAUTH
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 1925, to Jan 6 1926, that I last saw h alive on Jan 5 1926 and that death occurred, on the date stated above, at 7.15 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis Senile

Sclerosis

(duration) 4 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 9 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. J. Zimmerman M. D.

1/7 1926 (Address) 2258 Hanford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest Ridge Cem.	Jan 9 1926
20 UNDERTAKER	ADDRESS
Lankford & Son	508 E Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Mayl. 3112

Dr Lemmon 718 N. Pat. Pk. Ave

E 05442

HEALTH DEPARTMENT—CITY OF BALTIMORE

109-002

E 05442

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7004 Bowers Rd. ST., 15-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilda Cecile Jeremiae

(a) RESIDENCE No. 7004 Bowers Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 19 1915

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Chas. C. Jeremiae

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Hilda V. Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Chas. C. Jeremiae

(Address) 7004 Bowers Rd.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1926, to Jan 5, 1926, that I last saw h~ alive on Jan 5, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Ruptur Appendix

Throat (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas T Lemmon, M. D.

1/7, 1926 (Address) 718 N Pat Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ford Lawn Jan.

DATE OF BURIAL 8 1926

20 UNDERTAKER H. W. Cook 522 E. M. Ave

ADDRESS

FROM is very important. See instructions on back of certificates.

JAN - 1926 ROBERT R. ARMISTEAD, Health Commissioner

Cor.—1-12-23—M&T—100 Blks.

E 05443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05443

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Jouns Hopkins Hospital ST., 7-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horace G. Seward Jr

(a) RESIDENCE NO. 2527 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 7/1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	10	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Horace G. Seward Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Emma Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md

14 Informant Horace G. Seward SR
(Address) [redacted] 2527 E Monument

15 Filed ..... 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental burns over 3/4 of body. (Painter's torch exploded while being used by his father)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Falls, M. D.
(Coroner.)

1/7/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Prospect Hill (Towson)	Jan 8/26
20 UNDERTAKER	ADDRESS
William Cook	503 E. North

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05444

CERTIFICATE OF DEATH.

100 E 05444

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N. Robinson ST., 6-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Zimmerman

(a) RESIDENCE NO. 402 N. Robinson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 24/1925

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Harry N. Zimmerman

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Catherine Logue

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Harry N. Zimmerman (Address) 402 N. Robinson

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pertussis Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

(Signed) J. J. Rowan M. D.

(Coroner.)

1-7 1926 (Address) 508 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Jan 8 1926

20 UNDERTAKER Elmer W. Conklin ADDRESS 1241 Eager St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05445

CERTIFICATE OF DEATH.

21-2 101-001

E 05445

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. Franklin Square Hospt ST.: WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eutha L Herion

(a) RESIDENCE. No1309 W Ostend St ST., 21 WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Herion

6 DATE OF BIRTH (month, day, and year) Sept 8, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo Clipper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Raymond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Conrad Herion
(Address) 1309 W. Ostend St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 19 26, to Jan 6, 19 26, that I last saw h. er alive on Jan 6, 19 26 and that death occurred, on the date stated above, at 9,23 P M m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1309 W Ostend St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usal

(Signed) Edw Lorenchen, M. D.

1,7, 19 26 (Address) 517 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Jan 9 1926

20 UNDERTAKER ADDRESS

Mr & Mrs John W. Zimpel & Son 801 W. Fayette

Please write plainly. See instructions on back of certificate.

E 05446

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 05446

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 822 N. Carey St, St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Jennings

(Residence in Baltimore: No. 822 N. Carey St, St.; yrs. 46 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	single

6-DATE OF BIRTH, May (Month) 30, (Day) 1925 (Year)

7-AGE, ...yrs. 7 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Harry Jennings

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Levinia Harris

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Jennings

(Address) 822 N. Carey St.

15-

Filed ....., 192.... Registrar.

JAN 8 - 1926 ROBERT R. KRAUTER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 6, (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. T. Hennessy, M. D. (Coroner.)

Jan. 7 1926 (Address) 2802 Eastwood Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, 1/8/1926

20-UNDERTAKER, Dennis Easter — ADDRESS 916 Penna ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05447

CERTIFICATE OF DEATH.

+ 49 E 05447

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Greer.

(a) RESIDENCE No. Northville Mich St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2, ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of child

6 DATE OF BIRTH (month, day, and year) 1923.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mich

PARENTS

10 NAME OF FATHER Howard Greer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mich

12 MAIDEN NAME OF MOTHER Hannah Leach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ill

14 Informant (Address) JOHNS HOPKINS HOSPITAL ROBERT M. KRAUTER, JAN 8 1926 Burial Permit Clerk

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to January 7, 1926, that I last saw her alive on Jany 7, 1926, and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Brain Tumor Malignant

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mich

Did an operation precede death? Jan 6 Date of Jan 6th 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Path Exam

(Signed) Warfield M Theobald, M. D.

1/8, 1926 (Address) 1 H 16

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Northville Mich DATE OF BURIAL: Jan 8 1926

UNDERTAKER: John O. Mitchell ADDRESS: 124 W. Lexington

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05448

CERTIFICATE OF DEATH.

101-00

REGISTERED NO. E 05448

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4026 Belle Ave ST., 15-1 WARD)

2-FULL NAME Mary E. Schroeder

(a) RESIDENCE NO. 4026 Belle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Schroeder

6 DATE OF BIRTH (month, day, and year) April 14 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68.	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel Richmond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Bee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant H. B. Schroeder

(Address) 3304 Carlisle Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 6, 1926, that I last saw h alive on Jan. 6, 1926, and that death occurred, on the date stated above, at 1.35 P. m.

The CAUSE OF DEATH* was as follows:

Right Lobar Pneumonia

(duration) yrs. mos 5 1/2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? usual.

(Signed) G. Latrobe Ewell M. D.

1/7, 1926 (Address) 2945 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem DATE OF BURIAL Jan 8 1926

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette

(FOR INFORMATION AS TO PREPARATION OF THIS CERTIFICATE, see instructions on back of certificates.)

Spec.—1-10-21—M&T—1500 Bks.

E 05449

HEALTH DEPARTMENT—CITY OF BALTIMORE

05449

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 W. Lanvale ST. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence H. Stokes

(a) RESIDENCE NO. 523 W Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (~~HUSBAND of~~ (or) WIFE of John A. Stokes

6 DATE OF BIRTH (month, day, and year) — — 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lunenburg (State or country) Va

PARENTS

10 NAME OF FATHER George Stollmay

11 BIRTHPLACE OF FATHER (city or town) Lunenburg (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Lunenburg (State or country) Va

14 Informant John A. Stokes (Address) 523 W. Lanvale St

15 Filed ..... 19 ..... Registrar

JAN 9 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5, 1926

17 I HEREBY CERTIFY, that I attended deceased from Dec. 10th, 1925, to Jan. 4th, 1926, that I last saw her alive on Jan 4th, 1926, and that death occurred, on the date stated above, at 4:15 a.m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(duration) 1 yrs. mos 24 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee (M.D.), M. D.

1/5, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Jan 8 1926

20 UNDERTAKER Virginia A. Brooks — ADDRESS 1437 N. Carey

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Charnes

E 05450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (NO. Payne and Dukeland ST., 15 WARD)

REGISTERED NO. 1-13 10001 E 05450

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Janie Charnes

(a) RESIDENCE NO. 1375 N Gilmor St Raymond Dukeland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Charnes

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mathews Co Va

PARENTS

10 NAME OF FATHER Robert Diggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mathews Co Va

12 MAIDEN NAME OF MOTHER Annie Diggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mathews Co Va

14 Informant Henry Charnes

(Address) 1375 N Gilmor St

15 Filed , 19

Registrar

JAN 8 - 1926

ROBERT R. KRAUTER
Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/5 , 1926, to 1/5 , 1926.

that I last saw her alive on 1/5 , 1926.

and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Auto cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) F. Mosnitz M. D.

, 19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL Jan 9th 1926

20 UNDERTAKER Joseph A Feerall

ADDRESS 1319 Division St

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05451 E 05451

CERTIFICATE OF DEATH.

REGISTERED NO. 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., 2-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Christina C. Haas

(a) RESIDENCE NO. 1814 N. Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. William Haas

6 DATE OF BIRTH (month, day, and year) Dec. 17 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balt. City

PARENTS

10 NAME OF FATHER John L. Brandt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Christina Brandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant William Haas.

(Address) 1814 N. Bond st.

15 Filed ....., 19 ..... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1925, to Jan. 6, 1926, that I last saw h er alive on Jan. 6, 1926 and that death occurred, on the date stated above, at 3.20 A m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ? Date of

Was there an autopsy? No

What test confirmed diagnosis? Not Confirmed

(Signed) George B Breel, M. D.

Jan 6, 1926 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery. DATE OF BURIAL Jan. 9th 1926

20 UNDERTAKER Joseph F. Ruth. ADDRESS 1735 Harford Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 05452 100-001 E 05452

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. ..... ST. 1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Bucci

(a) RESIDENCE NO. 308 N. Pearl St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White Italian	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 27, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER William Bucci

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Rose Liberto

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant William Bucci
(Address) 308 N. Pearl St

15 Filed ..... , 19 .....
JAN 8 - 1926 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1926, to Jan 7, 1926, that I last saw him alive on Jan 7, 1926, and that death occurred, on the date stated above, at 2:35 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. ? ds.

CONTRIBUTORY (Secondary) Cardiac Collapse

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jno A Tompkins M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 1/8 1926

20 UNDERTAKER George & Ruth

ADDRESS 1735 Hanford

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05453

CERTIFICATE OF DEATH.

74-001

E 05453

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 N Eden ST.; 9-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia G. Quirk (Quirk)

(Residence in Baltimore: No. 1430 N Eden St St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. November 9, 1856 (Month) (Day) (Year)

7-AGE. 69 yrs. 1 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer). Teacher

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James Quirk

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER May Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Quirk

(Address) 1430 N Eden St

15-

Filed....., 191.....

ROBERT A. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 8, 1926. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1926, to Jan 6 1926, that I saw h[illegible] alive on Jan 6 1926, and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 3 ds.

(Signed) Mary F. Donalen M. D.

1/7, 1926 (Address) 1028 Walbrook

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Jan 9, 1926

20-UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

Busher.

E 05454

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05454

CERTIFICATE OF DEATH.

× 100-001

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Balto City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Charles Buscher

(Residence in Baltimore: No. Camp Meade Junction. a alco. unknown St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Widower

6-DATE OF BIRTH.

..... 1. 86
(Month) (Day) (Year)

7-AGE, 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE. (State or Country). Md

PARENTS.

10-NAME OF FATHER. John Buscher

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Mary Jackson

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs Mary Guyman

(Address)..... Camp Meade Md.

15-

Filed.....19.....

Registrar.

SIGLET R. KRAUTER,
Assistant Registrar of Vital Statistics.

JAN 6 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton M. D.
(Coroner.)

Jan 3 1926. (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents.)
At place of death..... yrs. 6 mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Picked up on street

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Laurel Md

DATE OF BURIAL. 1/6/26 19

20-UNDERTAKER. Geo. E. French

ADDRESS [redacted] Md.

Physician's Certificate: See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05455

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05455

CERTIFICATE OF DEATH.

114

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 110 Parkin St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Malone

(a) Residence No. 110 Parkin St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1917 - 1926

7-AGE. 3 yrs. 8 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joe D. Malone

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Margaret Welsh

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore

14- (Informant) Mr. Joe D. Malone

(Address) 110 Parkin St.

15-

Filed....., 192.....

ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 7th 1926

17- I HEREBY CERTIFY, That I attended deceased from 1/6/26, 19..., to 1/7/26, 19...

that I last saw him alive on 1/7/26, 19...

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Gastro intestinal Acute)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Bernard J. Fenny, M. D.

1/7, 1926 (Address) 91 W. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Oak Lawn Cem.	Jan 9th, 1926
20-UNDERTAKER	**ADDRESS**
John J. Cowan Son per J. J. Cowan	901 Hollins St.

INSTRUCTIONS ON BACK OF CERTIFICATE.

Cor.—1-12-23—M&T—100 Bks.

E 05456

HEALTH DEPARTMENT—CITY OF BALTIMORE

202

CERTIFICATE OF DEATH.

E 05456

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto. Gen'l Hospital St., 6-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Metge

(a) RESIDENCE NO. 152 N. Hare ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mamie Metge

6 DATE OF BIRTH (month, day, and year) Mar 19/73

7 AGE	Years	Months	Days 16	If LESS than 1 day, ...hrs. or ....min.
	52	9	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Driver 023
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Herring & Transfer

9 BIRTHPLACE (city or town) ..... (State or country) City

PARENTS

10 NAME OF FATHER Ernest Metge

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotte

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Mamie Metge
(Address) 152 N. Hare St

15 Filed ....., 192.... ROBERT R. KRAUTER, Registrar
AUG 1926 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Laceration of scalp. Cut by fall (accidental)

(duration) ..... yrs. ..... mos. 7 ds.

(Signed) J. C. Kenney, M. D.
(Coroner)

Jan. 7, 1926 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk	1/8 1926
20 UNDERTAKER Philip Herring	ADDRESS 2016 Orleans

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05457 101-001 E 05457

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Univ of Maryland St. 25-11 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Florian

(Residence in Baltimore: No. Pennington Ave & Church St. St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Not Known (Month) (Day) (Year)

7-AGE. 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Bohemia

PARENTS.

10-NAME OF FATHER. Frank Florian

11-BIRTHPLACE OF FATHER, (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER, (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Ernula

(Address) Pennington Ave & Abey

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 6 16 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held the Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chas. Pneumonia

(Duration) yrs. 7 mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Jan 7 192.. (Address) 1423 Bank

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oakhill DATE OF BURIAL. Jan 8 1916

20-UNDERTAKER. Grant Ernst Son ADDRESS 1906 Bank

(Instructions on back of certificate.)

Spec. 1-10-21—M&T—1500 Bks.

1835 18

E 05458

HEALTH DEPARTMENT—CITY OF BALTIMORE

05458

CERTIFICATE OF DEATH.

X 44

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Brant

(a) RESIDENCE No. 848 Indiatet ST. Canton Ohio WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N. Y. 37

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Ohio (State or country)

PARENTS

10 NAME OF FATHER Daniel Dyskey

11 BIRTHPLACE OF FATHER (city or town) Ohio (State or country)

12 MAIDEN NAME OF MOTHER Eleanore Aspen

13 BIRTHPLACE OF MOTHER (city or town) Doral Pa. (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 8th, 1925, to Jan. 8th, 1925, that I last saw her alive on Jan. 8th, 1925, and that death occurred, on the date stated above, at 5 20 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma liver, retro peritoneal glands uterus & peritoneum

Initial Insufficiency

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) E. F. Wahl M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Canton Ohio

DATE OF BURIAL Jan 8 1926

20 UNDERTAKER J. W. Jenkins Sons Co

ADDRESS Orchard & Collier Sts

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05459

CERTIFICATE OF DEATH.

90 E 05459

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 N. Bentalou ST. 16-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Earl

(a) RESIDENCE No. 1008 N. Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August Earl

6 DATE OF BIRTH (month, day, and year) Oct 29 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Adam Kline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant H. S. Valentine Earl

(Address) 1008 N Bentalou St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1925, to Jan 6, 1926, that I last saw h[illegible] alive on Jan 6, 1926, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH was as follows:

Senile Gastritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency 4 hrs.

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frances A. Carpenter M. D.

, 19 (Address) 210 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Park Cemetery

DATE OF BURIAL Jan 9 1926

20 UNDERTAKER Chas. G. Black

ADDRESS 142 W. Fayette ave

JAN 9 1926 ROBERT R. KRAETER, BURIAL PERMIT CLERK

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05460 E 05460

CERTIFICATE OF DEATH. X 131

1-PLACE OF DEATH Howard A. Kelly Hosp. REGISTERED NO. 14-2

CITY OF BALTIMORE: (No.) 1418 Eutaw (ST.,) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph S. DuShane

(a) RESIDENCE NO. Bolivar Pa ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada C. DuShane

6 DATE OF BIRTH (month, day, and year) Feby 12 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bolivar Pa (State or country)

PARENTS

10 NAME OF FATHER Andrew DuShane

11 BIRTHPLACE OF FATHER (city or town) Bolivar Pa (State or country)

12 MAIDEN NAME OF MOTHER Caroline Ulter

13 BIRTHPLACE OF MOTHER (city or town) Bolivar Pa (State or country)

14 Informant Dr Ray M. Alexander

(Address) Bolivar Pa

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to Jan 8, 1926, that I last saw h[illegible] alive on Jan 8, 1926, and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Heart Blode under anesthesia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hydronephrosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? Yes Date of Jan 8 26

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Grant Ward, M. D.

, 19 (Address) 1418 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bolivar Pa

DATE OF BURIAL Jan 8 1926

20 UNDERTAKER Chas. G. Black

ADDRESS 742 W. Fourth ave

TION is very important. See instructions on back of certificates.

Property of the Department of Health. Any unauthorized use, sale or possession is prohibited. Exact statement of OCCUPA-

JAN 8 - 1926 ROBERT R. KRAUTER

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05461 101-001 E 05461

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bonn Secours Hospital St., 14-2 WARD)

2-FULL NAME Mery Hanley

(a) RESIDENCE NO. 208 S.Vincent St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Hanley

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Hanley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Annie Hanley

(Address) 3740 Old Frederick Road

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7th 26

17

I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1926, to Jan. 7, 1926.

that I last saw her alive on Jan. 5, 1926.

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Revolution M. D.

1-8. 1926 (Address) 24 N.Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL Jan 9 1926

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 N. Gallo St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05462

CERTIFICATE OF DEATH.

123

E 05462

1-PLACE OF DEATH Church Home & Infirmary

REGISTERED NO.

CITY OF BALTIMORE: (No.) N. Broadway ST., 7 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ella J. Abrahams

(a) RESIDENCE NO. 6302 Mayflower Hill ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 8 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Abrahams

6 DATE OF BIRTH (month, day, and year) April 14, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Thos. B. Summers

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Caroline Kone

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mr. Charles E. Abrahams

(Address) 2742 N. Calvert St.

15 Filed ....., 19 .....

Robert F. Leppo

Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1925, to Jan. 6, 1926, that I last saw h.er alive on Jan. 6, 1926, and that death occurred, on the date stated above, at 7:25 p.m.

The CAUSE OF DEATH* was as follows:

Cholecystitis, chronic

Cholelithiasis

Choledocholithiasis

(duration) (?) yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Jan. 5, 1926

Was there an autopsy? no Removal of Gall (over) Stone

What test confirmed diagnosis? Operation

(Signed) Henry J. P. Dorsett M. D. M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Jan 9 1926

20 UNDERTAKER Wm. Tucker Sons.

ADDRESS Mount & Pa

TION is very important. See instructions on back of certificates.

Spec. 4-10-21—M&T—1500 Bks.

18276

E 05463

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05463

X 65-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 7-1 WARD)

2-FULL NAME Warren D Westfall

(a) RESIDENCE NO. Burlington, W. Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Ellen Westfall

6 DATE OF BIRTH (month, day, and year) March 4-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Feed Store Oper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER Sam'l Westfall

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Elmira Easton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 14th, 1925, to Jan. 7th, 1926, that I last saw him alive on Jan. 7th, 1926, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, acute

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic lymphatic leukemia

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? West Virginia

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? ~~Blood Ex~~

(Signed) E. Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burlington W Va

DATE OF BURIAL Jan 19 26

20 UNDERTAKER J. H. Lichtenstein

ADDRESS Baltimore

Filed 1926

Burial Permit Clerk

TION is very important. See instructions on back of certificates.

E 05464

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05464

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: Mercy Hospital

City of BALTIMORE: (No. 15-5 St. Mary land Ward)

Registered No. C. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Benjamin Weber.

(Residence in Baltimore: No. 2207 Elsinor Ave. St.; 75 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, ~~Widowed, (Widow~~ or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Oct 26 (Month) (Day) 1848 (Year)

7-AGE: 77 yrs. 2 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country): Washington Co. Md

PARENTS.

10-NAME OF FATHER: Ferdinand Weber

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Anna Bayer

13-BIRTHPLACE OF MOTHER, (State or Country): Washington Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Fannie Weber

(Address) 2207 Elsinor ave

15-

Filed ..... 192 .....

Robert F. Harrison, Registrar.

1926 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan (Month) 6 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. Lee Clinton M. D. (Coroner)

Jan 6 192 (Address) 143 N. Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery DATE OF BURIAL: Jan 9 1926

20-UNDERTAKER: John B. Spence ADDRESS 1325 N. Caroline St

Spec.—1-10-21—M&T—1500 Bks.

E 05465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05465

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 Orland ave ST. 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thirza Latham

(a) RESIDENCE NO. 2917 Orland ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or ~~Divorced~~, (~~write the~~ word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of George W Latham

6 DATE OF BIRTH (month, day, and year) Dec 26 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Joseph Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs W Littleton

(Address) 2917 Orland ave

15 Filed ..... 19 ..... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1.7.26 19

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1925, 19 ... to 1.6.26, 19 ...

that I last saw h~~er~~ alive on 1.6.26, 19 ...

and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows:

Neoplastic Carcinoma

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Otho B. Towles M. D.

1.8.26 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL Jan 9 1926

20 UNDERTAKER John B Spence ADDRESS 1325 N Caroline St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05466 E 05466

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3037 Westwood Ave 15-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Paine

(a) RESIDENCE No. 3037 Westwood Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Paine

6 DATE OF BIRTH (month, day, and year) 2-29-1838

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John D Cuties

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant James N Paine (Address) 3308 W North ave

15 Filed ..., 19... Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 7. 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1926, to Jany. 7. 1926, that I last saw her alive on Jany. 7. 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Senility, Arteriosclerosis, Chronic myocarditis, heart failure.

Slowly progressive

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Maurice L Shamer, M. D.

1/8/. 1926 (Address) 3800 W. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 9 1926

20 UNDERTAKER: John Ottenheimer — ADDRESS: 152 W. Fayette St

8 - 1926 Burial Permit Clerk

TION is very important. See instructions on back of certificates. Exact statement of ... of A-

Spec.—1-10-21—M&T—1500 Bks.

E 05467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 05467

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 E Monument ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas Sayles

(a) RESIDENCE NO. 1512 E Monument ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
M	C	Married.

5a If married, widowed, or divorced (HUSBAND of ~~(or) WIFE of~~) Martha Sayles

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Worked for himself.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Lottie Howard (daughter) 1512 E Monument St

15 Filed ..... 19 ..... Registrar

Robert P. Harrison,

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Latterly Dec 1925, to Jan 6, 1926,

that I last saw him alive on Jan 4, 1926

and that death occurred, on the date stated above, at 9.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis 1 yr

Uremia (duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R J Longley, M. D.

1/7, 1926 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL 1-9 1926

20 UNDERTAKER Mrs Chas G. Bailey — ADDRESS 1727 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

8 - 1926

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05468

CERTIFICATE OF DEATH.

100 E 05468

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Goodwood Rd Hamilton ST.: WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Coale

(a) RESIDENCE. No. 7 Goodwood Rd ST.. Hamilton Md. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Coale

6 DATE OF BIRTH (month, day, and year) Feb 12-1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85		10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co
(State or country) Maryland

PARENTS

10 NAME OF FATHER John W. Coale

11 BIRTHPLACE OF FATHER (city or town) Harford Co
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Casandra Cross

13 BIRTHPLACE OF MOTHER (city or town) Harford Co
(State or country) Maryland

14 Informant Sarah V. Coale
(Address) 7 Goodwood Rd

15 Filed ... 1926 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1925, to Jan 7, 1926
that I last saw h~~e~~r alive on Jan 7, 1926
and that death occurred, on the date stated above, at 9 A. m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Danl L. Long M. D.

1/7. 1926 (Address) 27 N. Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Old Friends Cemetery Harford Co	Jan. 9th 1926

20 UNDERTAKER Frederick Isaac & Sons ADDRESS Fullerton

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 05469 HEALTH DEPARTMENT—CITY OF BALTIMORE 14 081 ✓ E 05469

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital (ST) 5-N (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Issac Forrest

(a) RESIDENCE NO. 503 Somerset St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Adam Forrest

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maria Henson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant William Forrest (bro)
(Address) 632 N. Caroline St

15 Filed JAN 8 - 1926, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(Fell on street) acc

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) 2 yrs. mos. ds.

(Signed) J S H Wallen, M. D.
(Coroner.)

1/6/26, 192 (Address) 508 ENprth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery — DATE OF BURIAL Jan 10 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans st

If not delivered within 10 days after death, it will be necessary for this certificate to be verified before delivery can be made. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 05470

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05470

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 S Ford ST., 2-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Zuzanna Janowski

(a) RESIDENCE No. 603 S. Ford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a if married, widowed, or divorced
HUSBAND of
(or) WIFE of Kostanty Janowski

6 DATE OF BIRTH (month, day, and year) x 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	0		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER Peter Reshkowski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Joseph Janowski
(Address) 1809 S Ann

15 Filed ..... 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary hemorrhage (duration) yrs. 1 mos. ds.

(Signed) James M Fenton, M. D.
(Coroner.)
18 , 1926 (Address) 401 Chanel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary cem	Jan 9 1926
20 UNDERTAKER	ADDRESS
John M Deber	1803 Bank

IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 05471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05471

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Cereal st ST., 25th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Walicwicz

(a) RESIDENCE NO. 1 Cereal st. ST., Bay WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Norbert Walicwicz

6 DATE OF BIRTH (month, day, and year) March 29 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Peter Kajoza

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Leon Walicwicz

(Address) 1 Cereal Street Curtis Bay

15 Filed ..... , 19.....

Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 6, 1926, that I last saw h[illegible] alive on Jan 6, 1926, and that death occurred, on the date stated above, at 2:50 P m.

The CAUSE OF DEATH* was as follows:

Right Hemiplegia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) William D Leverett, M. D.

Jan 8 1926 (Address) 816 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A.A. Co.	Jan 9 1926
20 UNDERTAKER	ADDRESS
John H Weber	1803 Bank st

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 8 1926

Spec.—1-10-21—M&T—1500 Bks.

E 05472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 05472

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Eastern ave ST. 1-1 WARD)

2-FULL NAME Teresa Palasik

(a) RESIDENCE NO. 2104 Eastern ave ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	—	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Mc Cauley

(c) Name of employer Shirt Factory

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank Palasik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Magdalena Skalecka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Magdalena Palasik
(Address) 2104 Eastern ave

15 Filed ..... 19 ..... Registrar

Robert F. Harrison,
Burial Permit Clerk.

8-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1925, to Jan 5, 1926.

that I last saw h[illegible] alive on Jan 5, 1926.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs 11 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Sig — no

(Signed) Ramil S Parkin, M. D.

1924 (Address) 3325 Pct. Pk. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Jan 9 1926
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—I-10-21—M&T—1500 Bks.

E 05473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 E 05473

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 Lloyd St. St. 31 WARD)

2-FULL NAME Charles Hart.

(a) RESIDENCE No. 25 Lloyd St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Umbrella Maker.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer at Home

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Mrs Helen Runnemi

(Address) 25 Lloyd St

15 Filed , 19 Registrar

Robert J. Harrison

1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 7, 1926,

that I last saw h alive on Jan 6, 1926,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos A. Valentine M. D., M. D.

Jan 8, 1926 (Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet. DATE OF BURIAL Jan 9 1926

20 UNDERTAKER Woodcock & Hoen ADDRESS 503 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05474

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329. Greenmount ave ST., 9-7 WARD)

2-FULL NAME Marie Loreta Dambrogi

(a) RESIDENCE No. 1329. Greenmount ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced, (write the word)~~: Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Domenico Dambrogi

6 DATE OF BIRTH (month, day, and year): 4/15.1862

7 AGE: 63. Years 8 Months 23 Days. If LESS than 1 day.....hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Vincenzo Mongardini

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: on known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Alfredo Dambrogi (Address) 1329. Greenmount ave

15 Filed ..... 19 ..... Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1926, to Jan 7, 1926, that I last saw h alive on Jan 7, 1926 and that death occurred, on the date stated above, at 11 a, m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Antignani, M. D.

, 19 (Address) 2942 E Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cemtry	1/9 1926
20 UNDERTAKER: Geo J Ruth	ADDRESS: 1735. Harford ave

Spec.—1-10-21—M&T—1500 Bks.

(Morris)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05475

CERTIFICATE OF DEATH

Caspary 100-6005475

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 606 Belair Rd. ST. 27 13 (WARD)

2-FULL NAME Wm E. Morris

(a) RESIDENCE NO. 606 Belair Rd. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Morris

6 DATE OF BIRTH (month, day, and year): Sept 22nd 1847

7 AGE: Years 78 | Months 3 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Contractor

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Henry Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Amanda Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annapolis Md

14 Informant: Mary E. Morris

(Address) 606 Belair Rd

15 Filed ..... 19 .....

Registrar: Robert P. Harrison,

Burial Permit Clerk

8-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26 1926

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1926 to Jan 6 1926

that I last saw h[illegible]ive on Jan 6 1926

and that death occurred, on the date stated above, at 11.55 a.m.

The CAUSE OF DEATH* was as follows:

Asthma

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Pulmonic Pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Abraham Levy, M. D.

1926 (Address) 1402 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery

DATE OF BURIAL: 1/9 1926

20 UNDERTAKER: T. B. Mayfield

ADDRESS: 1855 N. Dallas

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 05476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05476

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 N Caroline ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emanuele Rose Mastracola

(a) RESIDENCE NO. 1117 N Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 7

4 COLOR OR RACE: W

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anthony Mastracola

6 DATE OF BIRTH (month, day, and year): Sept 29/1872

7 AGE: Years 53 | Months 3 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Michael DiGenova

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Anthony Mastracola

(Address) 1117 N Caroline

15 Filed ....., 19 .....

Robert F. Harrison, Registrar

1926 Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1926

17

I HEREBY CERTIFY, That I attended deceased from July 4, 1922, to Jan 7, 1926.

that I last saw her alive on Jan 6, 1926

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Dilation of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Mitral regurgitation

Aortic Stenosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? ---

What test confirmed diagnosis? ---

(Signed) Anth J. Mastracola, M. D.

1-8, 1926 (Address) 1038 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wendell Duffield Jan 11 1926

DATE OF BURIAL

20 UNDERTAKER: Holy Redeemer

ADDRESS 37 N [illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05477

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05477

CERTIFICATE OF DEATH.

100

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 W.Fayette St. ST., 20-3 WARD)

2-FULL NAME William Franklin Williams

(a) RESIDENCE NO. 2124 W.Fayette St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruby C.Williams

6 DATE OF BIRTH (month, day, and year) Dec.27, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	-	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer B & O Railroad

9 BIRTHPLACE (city or town) Gloucester Co. (State or country) Virginia

PARENTS

10 NAME OF FATHER Carter B.Williams

11 BIRTHPLACE OF FATHER (city or town) Gloucester Co. (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma F.Leavitt

13 BIRTHPLACE OF MOTHER (city or town) Gloucester Co. (State or country) Virginia

14 Informant Mrs.Ruby C.Williams (Address) 2124 W.Fayette St.

15 Filed ..... 19..... Robert P. Harrison, Registrar

1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan.8th 19 26

17 I HEREBY CERTIFY, That I attended deceased from 1/2- 1926, to 1/7 26 1926

that I last saw h[im] alive on 1/7- 1926

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas a Cashm, M. D.

1-8 1926 (Address) 2105 W. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Ert. Newp. Va — DATE OF BURIAL Jan. 9 1926

20 UNDERTAKER Ralph B. Cook — ADDRESS 1003 N. Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05478

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05478

CERTIFICATE OF DEATH.

101-66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1836 W Fayette St. (ST.) 70-5 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Thomas

(a) RESIDENCE NO. 1836 W. Fayette St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Examiner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer North Bros. & Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Thomas

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Eliza

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Elsie C. Rodekurt
(Address) 1836 W. Fayette St.

15 Filed , 19 Robert P. Harrison
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1926, to Jan 7th, 1926.

that I last saw h[illegible] alive on Jan 7, 1926,

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Ordinary Cold

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robt. J. Murray, M. D.

1-8. 1926 (Address) 510 N. Fremont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Jan 11 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05479 E 05479

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

City of BALTIMORE: (No. 3033 W. North Ave St., 15-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Harvey James

(a) Residence No. 3033 W. North Ave St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or Divorced, (Write the word) married

5a-If married, ~~widowed or divorced~~ HUSBAND (or WIFE) of Daniel R James

6-DATE OF BIRTH (month, day and year) Sept 6-1860

7-AGE, 65 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Thomas R. Taylor

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Annapolis Maryland

12-MAIDEN NAME OF MOTHER, Harvey A. Mittan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Maryland

14-

(Informant) Mrs Margaret Graham

(Address) 3033 W. North Ave

15-

Filed....., 192.....

Registrar.

Robert P. Harrison,

1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 7th, 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec 27, 1925 to Jan 7, 1926

that I last saw her alive on Jan 7th, 1926

and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) 0 yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cholecystitis

(Duration) 0 yrs. 0 mos. 13 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Examinations

(Signed) E. A. Dodds M. D.

Jan 8, 1926 (Address) 904 N. Charles St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Jan. 9th 1926

20-UNDERTAKER, Hughes & Lords Inc

ADDRESS 4th & N. Broadway

Please write, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05480

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 404 Mott (St.) 5-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Smith

(a) RESIDENCE NO. 404 Mott ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	Widowed

5a If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Robert Smith

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Marys County Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Lydia Woods

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Clara Walker (Address) 404 Mott St

15 Filed Jan 8 1926, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1—7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to Jan 7, 1926

that I last saw h alive on Jan 7, 1926

and that death occurred, on the date stated above, at 9:00 A m.

The CAUSE OF DEATH* was as follows:

Complete Dilatation of Heart

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical —

(Signed) George F. Allen, M. D.

Jan 8 1926 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	1/9/26
20 UNDERTAKER	ADDRESS
Mrs. R. A. Elliott	1725 Eastland ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Townsend St.nr.6th ST. (Brooklyn)

REGISTERED NO. 257 161 E 05481

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William M.Bernhardt Jr.

(a) RESIDENCE NO. Townsend St.nr.6th ST. Brooklyn

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 hrs. • How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	----------

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Jan. 7 1926

7 AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... 0

(b) General nature of industry, business, or establishment in which employed (or employer) XXXXXXXXXXXXXX

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm.M.Bernhardt

11 BIRTHPLACE OF FATHER (city or town) ...
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Madge Lowery

13 BIRTHPLACE OF MOTHER (city or town) ...
(State or country) Tilghman's Island, Md.

14 Informant William M.Bernhardt
(Address) Townsend St.

15 Filed ... 19 ... Registrar
Burial Permit Clerk

9 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7th, 1926, to Jan. 7th 1926, that I last saw him alive on Jan. 7th, 1926 and that death occurred, on the date stated above, at 8.00 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(7½ months)

(duration) — yrs. — mos. 9 hours ds.

CONTRIBUTORY (Secondary) ...

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Barry Mcleod, M. D.

1/8, 1926 (Address) 1224 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Jan 9 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 05482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 E 05482

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 716 Linnard (ST.) 16-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ormond H.Richardson

(a) RESIDENCE NO. 716 Linnard ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 4 mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] TION is very important. See instructions on back of certificates. Use Statement of [illegible] CERTIFICATE. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXXXXXXXXXXX

6 DATE OF BIRTH (month, day, and year) Sep't 6 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Draftsman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Sugar Refinery

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Richard T.Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co. Md.

12 MAIDEN NAME OF MOTHER Mary B.Leonard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co. Md.

14 Informant Richard T.Richardson

(Address) 716 Linnard St

15 Filed [illegible] 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 30 1925, to Jan 6 1926, that I last saw him alive on Jan 5 1926, and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Subacute Nephritis (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture Smear

(Signed) Dr. [illegible] Lear, M. D.

1/8, 1926 (Address) 1203 N Chas. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 9 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Cor.—1-12-23—M&T—100 Bkn.

1925

E 05483

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05483 54

CERTIFICATE OF DEATH.

114 1871

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1366 N Carey ST., 1513 WARD)

2-FULL NAME Maggie Coffee.

(a) RESIDENCE NO. 1366 N Carey St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Coffee.

6 DATE OF BIRTH (month, day, and year) Mar 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	10		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 10 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Chas Coffee
(Address) 1366 N Carey St

15 Filed ..... 192 ..... Registrar

Robert P. Harrison,

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

5 minutes (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ac. Gastro Enteritis

1 hrs. (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D.
(Coroner)

Jan. 7, 1926 (Address) 2 E Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn DATE OF BURIAL: Jan 10 1926

20 UNDERTAKER: Samuel E Wright ADDRESS: 844 N Carey

Cor. is very important. See Instructions on back of certificate. Exact statement of OCCUPATION of property classified.

Spec.—1-10-21—M&T—1500 Bks.

Oresta Fallica.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05484

CERTIFICATE OF DEATH.

90 E 05484

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 113 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oresta Fallica

(a) RESIDENCE NO. 115 St Paul St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25th 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory to Medicines

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk

(c) Name of employer C. Tonielli

9 BIRTHPLACE (city or town) Catali

(State or country) Catania (Italy)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Italy

(State or country) (Catali)

12 MAIDEN NAME OF MOTHER Lucia de Caro

13 BIRTHPLACE OF MOTHER (city or town) Italy

(State or country)

14 Informant Carlo C. Tonielli

(Address) Conn. & Italy

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 2-5, 1925, to Jan. 7, 1926,

that I last saw him alive on Jan 7, 1926,

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Tenley M. D.

1-7, 1926 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 11th 1926

20 UNDERTAKER Frank V. Lisitore — ADDRESS 1000 E. 32

JAN 9 1926 Robert P. Harrison

Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05485

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

74 E 05485

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1520 N Bradford (St.) (Ward) 8-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Sanders

(a) RESIDENCE NO. 1520 N Bradford ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Sanders

6 DATE OF BIRTH (month, day, and year): June 6 1853

7 AGE: Years 72 Months 7 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Peter Silber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margt Kamer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr Jacob Sanders

(Address): 1520 N Bradford St

15 Filed ..... 19 Robert F. Harrison, Registrar

29 - 1926

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 8 1926.

17 I HEREBY CERTIFY, That I attended deceased from January 6, 1926, to January 8, 1926, that I last saw h er alive on January 8, 1926 and that death occurred, on the date stated above at 730 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Coma and Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Ellenberg, M. D.

1/9, 1926 (Address) 2027 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 1/12 1926

20 UNDERTAKER: Albert L Hilt Jr — ADDRESS: 1606 N Charles St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05486 E 05486

CERTIFICATE OF DEATH.

101 101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Byrd. St. 74-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E Bernhard

(a) RESIDENCE NO. 1714 Byrd. St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jno. P. Bernhard

6 DATE OF BIRTH (month, day, and year) Dec. 23, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	0	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas. Lear.

11 BIRTHPLACE OF FATHER (city or town) (State or country) N J

12 MAIDEN NAME OF MOTHER Kate Bowerbuy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey N J

14 Informant Jno. P. Bernhard.
(Address) 1714 Byrd St

15 Filed ....., 19.... Registrar

Robert F. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 6, 1926

that I last saw h alive on Jan 6, 1926

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R B R Campbell, M. D.

Jan 7, 1926 (Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL 1/9/1926

20 UNDERTAKER E. J. Fanning & Co - 1465 — ADDRESS Battery Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should be careful to report all information required.

1926

Spec.–1-10-21–M&T–1500 Blks.

E 05487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05487

CERTIFICATE OF DEATH. 65-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home + Infirmary ST. 2-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elizabeth Rosenberger

(a) RESIDENCE No. 806 N. Castle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm J. Rosenberger

6 DATE OF BIRTH (month, day, and year) Oct 21st 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Jos. Rosenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm J. Rosenberger

(Address) 2012 Eastlound Ave

15 Filed ....., 19

Robert P. Harrison, Registrar

Burial Permit Clerk

9-1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1925, to Jan. 8, 1926.

that I last saw her alive on Jan. 8, 1926

and that death occurred, on the date stated above, at 9.50 A. m.

The CAUSE OF DEATH* was as follows:

Leukemia, splenomyelogenous

(duration) yrs. ? mos. ? da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) Strum Fried, M. D.

Jan 8, 1926 (Address) 913 N. Charles Str.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Jan 12" 1926

20 UNDERTAKER Geo M Smith & Son ADDRESS 811 N Wolfe

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05488

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 05488

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2318 Eastlandave St., 13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Thomas Alphonsus Stokes

(a) Residence No. 2318 Eastlandave Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Catherine Stokes

6-DATE OF BIRTH (month, day and year) Dec 21-1846

7-AGE, 79 yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer)..... B & O R.R.

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Bradford N. C.

PARENTS.

10-NAME OF FATHER, Wm Stokes

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Nora Welsh

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Kath Elen Stokes

(Address) 2318 Eastlandave

15-

Filed..... 192.....

Robert P. Harrison, Registrar.

1920 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 7-1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1926 to Jan 7 1926 that I last saw h.....alive on January 7 1926 and that death occurred, on the date stated above, at 11.45 P.M.

The CAUSE OF DEATH* was as follows:

1 Arteriosclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Lewis M. D

1/8 1926 (Address) 463 N Woodington

State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL, Jan 11th 1926

20-UNDERTAKER Geo M. Feist & Son — ADDRESS 811 N Wolfe

If plain terms, so that it may be properly classified. Exact statement of OCCUPATION is necessary. See instructions on back of certificates.

E 05489

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 E 05489

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Univ Maryland Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Ina Beck.

(Residence in Baltimore: No. 778 Sarah Ann St.; yrs. unknown mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
~~Fem~~ Female	Colored	unmarried

6-DATE OF BIRTH. unknown. ..... 1.....
(Month) (Day) (Year)

7-AGE. 35 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer). Home

9-BIRTHPLACE, (State or Country). unknown

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER, (State or Country). unknown

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hines

(Address) 776 Sarah Hines

15- Robert P. Harrison,

Filed Jan 9 1926 192.. Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Geo. E. Gladden M. D.
(Coroner)

Jan 9 1926 (Address) 1731 E Baltimore

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Zion Cemetery

DATE OF BURIAL. 1/9 1926

20-UNDERTAKER. Walter B. Spriggs

ADDRESS 139 W Hamburg St

IMPORTANT—CAUSE OF DEATH must be stated EXACTLY. PHYSICIAN should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 05490 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 05490

CERTIFICATE OF DEATH.

181-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 319 N. Carey St. 18-1 (WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. Dean

(a) RESIDENCE NO. 319 N. Carey St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel M. Dean

6 DATE OF BIRTH (month, day, and year) Nov. 2nd 1885

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	2	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) Minnesota
(State or country)

PARENTS

10 NAME OF FATHER Thos. H. Malone

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Whalon

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Samuel M. Dean
(Address) 319 N. Carey St.

15 Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxiation by Illuminating Gas

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Free Acute Comelia

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Hayton, M. D.
(Coroner.)

Jan 8, 1926 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Lawn, Cambridge	Jan. 9 1926
20 UNDERTAKER	ADDRESS
William Cook	1522 E. Northern

TION is very important. See instructions on back of certificate. Exact statement of OC... PA-

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05491 — 101-001 — 05491

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Md. General Hosp. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William A. McSherry

(Residence in Baltimore: No. 864 W. North ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept 26 1879
(Month) (Day) (Year)

7-AGE, 46 yrs. 3 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman 066

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, William A McSherry

11-BIRTHPLACE OF FATHER, (State or Country) Balto, Md.

12-MAIDEN NAME OF MOTHER, Emma Ardoun

13-BIRTHPLACE OF MOTHER, (State or Country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gillian McSherry

(Address) 864 W. North ave

15-

Filed ..... 192.....

Robert P. Harrison,
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 8, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inq (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Splenitis 6 wks.

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. T. Hennessy, M. D.
(Coroner.)

Jan. 9 1926 (Address) 1802 Eamonton Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Gordon Park Cem.	Jan 11, 1926

20-UNDERTAKER,	ADDRESS,
William Cook	502 E. North ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 05492 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05492

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., (T. B.) WARD 7-2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Grape

(a) RESIDENCE NO. 2117 E. Eager st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Grape

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 6

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) York

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER William Grape

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Robinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania

14 Informant Hospital records

(Address)

15 Filed ..., 19 Registrar

Robert P. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1925, to Jan. 7, 1926,

that I last saw him alive on Jan. 7, 1926,

and that death occurred, on the date stated above, at 7.15 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? What test confirmed diagnosis? Clinical findings

(Signed) M. D. McLander, M. D.

1-8-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery DATE OF BURIAL Jan 11 1926

20 UNDERTAKER Ives E. Fuller & Son ADDRESS 2314 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N Ellwood Ave ST. 6-3 WARD)

REGISTERED NO. 179 E 05493

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin A. Robinson Jr.

(a) RESIDENCE No. 112 N Ellwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (~~write the word~~): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Anna Robinson

6 DATE OF BIRTH (month, day, and year): June 24-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Edwin A. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): England.

12 MAIDEN NAME OF MOTHER: Anna Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England.

14 Informant: Anna Robinson

(Address) 112 N Ellwood Ave.

15 Filed ....., 19.... Registrar

Jan 1926 Robert P. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to Jan 7, 1926,

that I last saw him alive on Jan 7, 1926

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Medford L. Harris, M. D.

1/8, 1926 (Address) 2612 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Jan 11 1926
20 UNDERTAKER	ADDRESS
Wm C Miller & Son	2334 E Monument St

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05494

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05494

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1313 Weldon Ave (St.) 13 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene E. Evans

(a) RESIDENCE No. 1313 Weldon Ave. ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susanna Evans

6 DATE OF BIRTH (month, day, and year) Dec. 23-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hatchman

(b) General nature of industry, business, or establishment in which employed (or employer) Stieff Silver

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

PARENTS

10 NAME OF FATHER Lillburne Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Maxwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Susanna Evans

(Address) 1313 Weldon Ave.

15 Filed ..., 19 ...

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1926. to Jan 8, 1926.

that I last saw the alive on Jan 8, 1926.

and that death occurred, on the date stated above, at 1.45 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency
Valvulitis ? Heart
muscle - Due to
arteriosclerosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? Blood Pressure. Electrocardiogram

(Signed) Evan Freeman M. D.

(Address) 4 Somerset Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Jessup's Balto. Co. DATE OF BURIAL Jan. 10 1926.

20 UNDERTAKER Horace F. Burgee ADDRESS 1631 Falls Road

MAR 9 1926

MARRIAGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05495

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3732 Falls Road ST., 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry G. Johnson

(a) RESIDENCE NO. 3732 Falls Road ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 10 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Pauline E. Johnson

6 DATE OF BIRTH (month, day, and year): March 3-1891

7 AGE — Years: 34 — Months: 10 — Days: 4 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Neal Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah E. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Pauline E. Johnson

(Address): 3732 Falls Road

15 Filed , 19 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1925 to Jan 7 1926,

that I last saw h[illegible] alive on Jan 7 1926,

and that death occurred, on the date stated above, at 12. m.

The CAUSE OF DEATH* was as follows:

Starvation Exhaustion

Malnutrition

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Pulmonary Tuberculosis

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of none

Was there an autopsy? none

What test confirmed diagnosis? Clinical & Bacteria

(Signed) Theron Ricketts, M. D.

1 , 19 26 (Address) 4 Arnwest Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's (Hampden)

DATE OF BURIAL: Jan 9- 1926

UNDERTAKER: Forrest H. Burgee

ADDRESS: 2631 Fallsrd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

JAN 9 1926

Spec.—1-10-21—M&T—1500 Blks.

E 05496

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05496

CERTIFICATE OF DEATH.

38

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N. Franklin ST. 17-3 WARD)

2-FULL NAME Theresa Collins

(a) RESIDENCE NO. 710 N. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
~~(or) HUSBAND of~~
(or) WIFE of George Collins

6 DATE OF BIRTH (month, day and year) May 20, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Onancock
(State or country) Va

PARENTS

10 NAME OF FATHER Robert Drummond

11 BIRTHPLACE OF FATHER (city or town) Pocomoke
(State or country) Md

12 MAIDEN NAME OF MOTHER Nellie Finney

13 BIRTHPLACE OF MOTHER (city or town) Onancock
(State or country) Va

14 Informant George Collins
(Address) 710 N. Franklin St

15 Filed ..... 19 .....
Registrar

NS 1926 Burial Permit Cl...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1925 to Jan 7th, 1926, that I last saw her alive on Jan 7th, 1926, and that death occurred, on the date stated above, at 3:05 a.m.

The CAUSE OF DEATH* was as follows:

Ruptured Aneurism
Immediate
(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Aneurism
(duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? None

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis M. D.

1/8, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Onancock Va

DATE OF BURIAL Jan 9/1926

20 UNDERTAKER Samuel Parker

ADDRESS Onancock Va

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Pks.

E 05497

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05497

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

Registered No. 18

City of BALTIMORE: (No. Bay View Asylum St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Howard

(a) Residence No. 535 West Mosher St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where deceased was enumerated mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black.

5-Single, Married, Widowed, or Divorced (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): 1866.

7-AGE: 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Co Md.

PARENTS.

10-NAME OF FATHER: John ?

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

14- (Informant) Hospital Records

(Address) Bel City Hospitals

15-

Filed ..... 192.....

Registrar.

Burial Permit Order

NS - 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 7-1926

17- I HEREBY CERTIFY, That I attended deceased from Dec 18, 1925, to Jan 7, 1926

that I last saw h[illegible] alive on Jan 7, 1926

and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Intertrochanteric Fracture of left Femur due to accidental fall at her home 535 W. Mosher St.

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Edw. J. Chaney M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Lawn

DATE OF BURIAL, 1926: Jan 9

20-UNDERTAKER: David Easton

ADDRESS: 916 [illegible]

Notice to Physicians, Surgeons and Others Required to Report CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 05498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05498

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 W. Lanvale St. ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Naola Barton

(a) RESIDENCE NO. 1621 W. Lanvale St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 17th. 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Greenville S.C. (State or country)

PARENTS

10 NAME OF FATHER Alfred Allen Barton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greenville S.C.

12 MAIDEN NAME OF MOTHER Maggie Sample

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greenville S.C.

14 Informant Alfred A. Barton

(Address) 1621 W. Lanvale St.

15 Filed ..... 19 ..... Registrar

Robert P. Harrison.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7-1926 19

17

I HEREBY CERTIFY, That I attended deceased from Nov. 11 25 to Xexx Jan 7 1926,

that I last saw her alive on Jan 6th. 1926 19

and that death occurred, on the date stated above, at 8:00 a. m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

NH 1926

Cor.—1-12-23—M&T—100 Bks.

E 05499

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05499

CERTIFICATE OF DEATH.

181-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 N. Carey ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah G. Dean

(a) RESIDENCE NO. 319 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 4 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	5	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Cambridge, Md
(State or country)

PARENTS

10 NAME OF FATHER Samuel M. Dean

11 BIRTHPLACE OF FATHER (city or town) Taylors Island, Md
(State or country)

12 MAIDEN NAME OF MOTHER Margaret M. Malone

13 BIRTHPLACE OF MOTHER (city or town) Minnesota
(State or country)

14 Informant Samuel M. Dean
(Address) 319 N. Carey St

15 Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7, 1926

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental Asphyxiation by Illuminating Gas
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Loose hose connection
(duration) yrs. mos. ds.

(Signed) Jos. B. Horton M. D.
(Coroner)
Jan 8, 1926 (Address) Curtis Bay Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Lawn, Cambridge	Jan. 9 1926
20 UNDERTAKER	ADDRESS
William Cook	502 E. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificate.

Missing

#E05500

Spec.—1-10-21—M&T—1500 Bks.

E 05501 HEA[illegible] OF BALTIMORE 74-201 E 05501

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1007 S. Sharp ST., 23-1 WARD)

2-FULL NAME Charles Spence

(a) RESIDENCE NO. 1007 S. Sharp ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) OHO

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Isaac Spence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sarah E. Jackson
(Address) 1007 S. Sharp St.

15 Filed ....., 19 ..... Registrar Robert F. Harrison, Capital Parole Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 25 , 1925 , to Jun 6 , 1926 ,

that I last saw h[illegible] alive on Jun 6 , 1926 ,

and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Cerebral Hemorrhage

(duration) [illegible] yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles E. Green, M. D.

Jun 7, 1926 (Address) 712 S Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	1/10 1926
20 UNDERTAKER Samuel L. Wensley	ADDRESS [illegible]

N. B.—WRITE ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 9 1926

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

*E 05502 — 90E 05502

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 917 Booth ST. 18-L WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Watson

(a) RESIDENCE. NO. 917 Booth ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Watson

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Joseph Watson
(Address) 917 Booth St.

15 Filed JAN 9 1926 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1926, to Jan 6, 1926, that I last saw h alive on Jan 6, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Monroe, M. D.

Jan 9 1926 (Address) 639 N Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	1/9/26
20 UNDERTAKER	ADDRESS
Samuel Ross	538 N Eden

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05503 E 05503

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... St., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Gross

(a) RESIDENCE NO. 526 Orchard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Divorced

5a If married, ~~widowed, or~~ divorced
HUSBAND ~~or WIFE~~ of Octavia Washington.

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
56 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Thos. Gross

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Josephine ?

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1925, to Jan 6, 1926,
that I last saw him alive on Jan. 6, 1926,
and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Syphilitic aortitis; aortic insufficiency; myocardial insufficiency (History)

(duration) yrs. 8 mos 1 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

1/8. 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 1/11 1926

20 UNDERTAKER Samuel A Hensley

ADDRESS 578 N Bond St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

JAN 9 1926 Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

E 05504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 05504

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 S. Linwood Ave. ST. 13 WARD)

2-FULL NAME Baby Banaszewska

(a) RESIDENCE NO. 1110 S. Linwood Ave ST., WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 8, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, 6 hrs or 45 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Banaszewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Pauline Keyser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Joseph Banaszewski
(Address) 1110 S. Linwood Ave

15 Filed ....., 19 ..... Registrar

Robert P. Harrison

(6 NO) - 1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1926 to Jan. 8, 1926.

that I last saw her alive on Jan. 8, 1926.

and that death occurred, on the date stated above, at 2:00 P.m.

The CAUSE OF DEATH* was as follows:

Atelectasis Neonatorum

.....
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Premature at 6 months and 2y days
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) J. B. Bromwhar, M. D.

1-8-1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stans Pans — DATE OF BURIAL 1/9 1926

20 UNDERTAKER ..... ADDRESS 1000 S. Kenwood

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05505 E 05505

CERTIFICATE OF DEATH.

15-19 161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Parrish ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Floyd

(a) RESIDENCE NO. 1314 Parrish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, ~~Married, Widowed,~~ or ~~Divorced, (write the word)~~: Single.

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-8-26.

7 AGE — Years | Months | Days | If LESS than 1 day, 3 hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bullo (State or country) Md.

PARENTS

10 NAME OF FATHER Victor Floyd.

11 BIRTHPLACE OF FATHER (city or town) N. C. (State or country)

12 MAIDEN NAME OF MOTHER Genevive Barrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Victor Floyd (Address) 1314 Parrish Street

15 Filed JAN 9 - 1926 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8 1926.

17

I HEREBY CERTIFY, That I attended deceased from 1-8, 1926, to 1-8, 1926.

that I last saw h~~e~~r alive on 1-8, 1926

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Prematurity -

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Susanna R Parsons M. D.

1-8. 1926 (Address) 1702 Westwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion — DATE OF BURIAL: 1-9 1926

20 UNDERTAKER: Joseph A Seely — ADDRESS: 107 Winters ave

Spec.—1-12-23—M&T—500 Bks.

Pinto

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05506

CERTIFICATE OF DEATH.

89 E 05506

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 510 W. Franklin St. (St.) 17-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Pinto

(a) RESIDENCE NO. 510 W. Franklin St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August Pinto

6 DATE OF BIRTH (month, day, and year) April 6, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER George Borevich

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Austria

12 MAIDEN NAME OF MOTHER Elizabeth Brinkmyer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Catherine Pinto (Daughter)
(Address) 510 W. Franklin St.

15 Filed ..... 19 .....
Registrar

JAN 9 1926
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7, 19 26

17

I HEREBY CERTIFY, That I attended deceased from Dec. 15, 19 25, to Jan. 7, 19 26,

that I last saw h[illegible] alive on Jan. 7, 19 26,

and that death occurred, on the date stated above, at 2:40 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Neufeldt M. D.

19 (Address) 11 W. Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan 11" 1926

20 UNDERTAKER Wm J Hartwell & Co ADDRESS 321 N Carrollton Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05507 E 05507

CERTIFICATE OF DEATH. 109-001

1-PLACE OF DEATH Baltimore City Hospitals 16-9 Registered No.

City of BALTIMORE: (No. Bay View Asylum St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Harry Kruegbaum

(a) Residence No. Bay View Asylum St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

H. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, ~~Divorced~~ (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1839

7-AGE, 87 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Barber

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, John Kruegbaum

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14- (Informant) Hospital Records

(Address) Baltimore City Hospitals

15- Filed ..... 19?

Robert F. [illegible] Registrar.

Burial Permit Clerk

JAN 9 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 6-26

17- I HEREBY CERTIFY, That I attended deceased from Dec 22- 1925 to Jan 6, 1926.

that I last saw h. alive on Jan 6 1926.

and that death occurred, on the date stated above, at 6.58 A.M.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Broncho-Pneumonia (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Dan'l P Champe M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ..., 19....

20-UNDERTAKER. ADDRESS

Dr. [illegible]

JOHNS HOPKINS HOSPITAL JAN 9 1926

Spec.—1-10-21—M&T—1500 Blks.

E 05508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05508

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Graham

(a) RESIDENCE NO. 1041 Argyle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word)
Male	colored	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
Uncertain about 5-9			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Hod Carrier

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Gloster County (State or country) Virginia ?

PARENTS

10 NAME OF FATHER Robert Graham

11 BIRTHPLACE OF FATHER (city or town) — ? (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Dora Johnson

(Address) 1041 Argyle Ave

15 Filed JAN 9 1926, 19 Robert F. Harrison, Registrar

Examining Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1925, to Jan 7, 1926, that I last saw him alive on Jan 7, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) John W. Gannon, M. D.

, 19 (Address) 1611 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
20 UNDERTAKER	ADDRESS
Commissioner of Health.	JAN 5 1926

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05509

90 E 05509

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 N. Aisquith St ST., 9-6 WARD)

2-FULL NAME Genevieve I. McGraw

(a) RESIDENCE NO. 1621 N. Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David C. McGraw

6 DATE OF BIRTH (month, day, and year) unknown 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
6y	61	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thos S. Whittle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Julia O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Bessie McGraw
(Address) 1621 Aisquith St

15 Filed JAN 19 1926 192 Robert P. Harrison, Registrar

Postal Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Owen, M. D.
(Coroner.)

1/9/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 1/11 — 1926

20 UNDERTAKER Chas. P. Maus & Son — ADDRESS 18 W. Mt. Royal Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05510 E 05510

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 139 Calvin ST. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel Gibson

(a) RESIDENCE NO. 139 Calvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER James Todd

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mabel Tomkins

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs M. Todd
(Address) 509 Bruton

15 Filed JAN 9 1926, 192 Robert P. Harrison Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dil. Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. F. Howe, M. D.
(Coroner.)

Jan 9, 1926 (Address) 1634 Linden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemty — DATE OF BURIAL 1/11/26 1926

20 UNDERTAKER Byron Wright — ADDRESS 1218 McElderry

Burial Permit Clerk

mation should be carefully supplied. AGE should be stated EXA... CAUSE OF DEATH in plain terms, so that it may be properly classified... TION is very important. See instructions on back of certificate. ...item of infor... ...PHYSICIANS should state ...exact statement of OCCUPA...

Spec.—1-10-21—M&T—1500 Bks.

E 05511

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05511

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna E. Wienhold

(a) RESIDENCE No. 620 S 13th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred (yrs. 51) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Wh.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John E. Wienhold

6 DATE OF BIRTH (month, day, and year): April 27 1875

7 AGE — Years: 50 — Months: 8 — Days: 10 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: George S. Donhauser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Theresa Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: John E. Wienhold

(Address): 620 S 13th St

15 Filed JAN 7 1926, 19 Robert F. Garrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to Jan 7, 1926.

that I last saw her alive on Jan 7, 1926.

and that death occurred, on the date stated above, at 8 AM m.

THE CAUSE OF DEATH* was as follows:

Labor Primi Para

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Shanken, M. D.

1-7, 1926 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Jan. 11 1926

20 UNDERTAKER: Henry Sander & Sons Inc. — ADDRESS: 1710 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05512

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05512

CERTIFICATE OF DEATH.

191-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 S. 12th. ST., 26th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Hisley

(a) RESIDENCE NO. 638 S. 12th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mazie Hisley

6 DATE OF BIRTH (month, day, and year) Jan. 5. 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Patrolman 61

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer Baltimore & Ohio. R.R.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Hisley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Louise Fuchs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mazie Hisley

(Address) 638 S. 12th St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 3 - 1926 to Jan 7 - 1926

that I last saw him alive on Jan 7 - 1926

and that death occurred, on the date stated above, at 7.25 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick H Herrmann M. D.

Jan 8 1926 (Address) 1913 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Jan 10 1926

20 UNDERTAKER Henry Sander & Sons. Inc.

ADDRESS 1710 E Fleet St

Robert P. Harrison

Burial Permit

JAN 9 1926

Spec.—1-10-21—M&T—1500 Blks.

E 05513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05513

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 Cecil St ST., 25-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Johnson

(a) RESIDENCE NO. 27 Cecil St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 21 1920

7 AGE: Years 4 Months 4 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Curtis Bay

PARENTS

10 NAME OF FATHER Ethan Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kansas

12 MAIDEN NAME OF MOTHER Eva Shudig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Eva Jefferson (Address) 27 Cecil St

15 Filed JAN 9 1926, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1926 to Jan 8 1926

that I last saw him alive on Jan 8 1926

and that death occurred, on the date stated above, at 2-30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Deterioration Senile

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leo D. Rosica, M. D.

Jan 8. 1926 (Address) Curtis Bay Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loby Cem. DATE OF BURIAL: Jan 11 1926

20 UNDERTAKER: H. Mc Cosh & Son ADDRESS: 502 E. 31st St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 9 1926

Burial Permit Given

Spec.—1-10-21—M&T—1500 Bks.

E 05514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05514

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH " "

CITY OF BALTIMORE: (No. 1619 W. Pratt ST. 14-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Brandt

(a) RESIDENCE No. 1619 W. Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie E. Brandt

6 DATE OF BIRTH (month, day, and year) April 15-1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	65	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hatter

(b) General nature of industry, business, or establishment in which employed (or employer) Hydrolizing Co

(c) Name of employer for Making Hats

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Brandt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Ernst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emil Brandt

(Address) 110 S. Monroe

15 Filed ....., 19.... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1925, to Jan 8, 1926,

that I last saw h in alive on Jan. 5, 1926

and that death occurred, on the date stated above, at 11.45 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wesley Young, M. D.

1/8, 1926 (Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL Jan. 11 1926

20 UNDERTAKER C. W. Dill.

ADDRESS 3109 Fredk. Ave.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N9 1926

Spec.—1-10-21—M&T—1500 Bks.

E 05515 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05515

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 9-b WARD)

2-FULL NAME ~~Singer~~ (Dr Wm) F. Norris.

(a) RESIDENCE NO. 1611 Saumt St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 Single, ~~Married, Widowed, or Divorced~~, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Dec 28 1894

7 AGE Years 31 Months Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sign Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

PARENTS

10 NAME OF FATHER Frank J Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Emma Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Hospt Record (Address)

15 Filed , 19 Registrar

N3 1926 Robert P. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 9, 1926, that I last saw h/~~im~~ alive on Jan 9, 1926, and that death occurred, on the date stated above, at 12 55 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

11 hours

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical + Autopsy.

(Signed) H Bongardt, M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Pa DATE OF BURIAL 1/9 26

20 UNDERTAKER Joseph A Finley Fulton Ave ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

(Bessie Moore)

E 05516

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05516

CERTIFICATE OF DEATH.

X 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST. 16-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Moore

(a) RESIDENCE NO. Laurel md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4- 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19		5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER albert Moore

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Laura Williams

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Balto City Hosp
(Address)

15 Filed ..... 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1923

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

3' Burns over Greater part of Body 1 hour

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 7 ds.

(Signed) James M Fenton, M. D.
(Coroner.)

Jan 9, 1923 (Address) 401 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 7 yrs., ... mos., 7 ds. In the State ..... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death? Laurel Md
Former or usual residence Laurel Md

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md — DATE OF BURIAL 1/12 1923

20 UNDERTAKER Geo. E Frank — ADDRESS Laurel Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 9 1923 Robert F. Garrison, Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05517

CERTIFICATE OF DEATH.

44 E 05517

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 East ST. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosaria Pusatere

(a) RESIDENCE No. 313 East ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24/10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

~~5 Single~~, Married, ~~Widowed, or Divorced~~, (~~write the word~~): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Filippo Pusatere

6 DATE OF BIRTH (month, day, and year): Oct 23 1850

7 AGE: 75 Years; Months 4 2; Days 15; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Joseph Livolsi

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Calogera Sprano

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Joseph Pusatere

(Address): 313 East St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1924, to Jan, 1926, that I last saw h. alive on Jan 8, 1926 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cancer Stomach

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? no

(Signed) Anthony J Petitola M. D.

Jan 9, 1926 (Address) 1038 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: 1/11 1926

20 UNDERTAKER: Geo. J Ruth

ADDRESS: 1735 Harford ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05518 100-001 E 05518

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1041 Greenmount Ave ST., 40 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Conners

(a) RESIDENCE NO. 1041 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 7-1925

7 AGE Years Months 9 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Salvatore Conners

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Angelina Tocco

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Salvatore Conners

(Address) 1041 Greenmount Ave

15 Filed JAN 10 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1925, to Jan 9, 1926

that I last saw h[illegible] alive on Jan 9, 1926

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Primary Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. D. Dietrich, M.D.

Jan 9 1926 (Address) 407 N. Chester St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent Cemetery

DATE OF BURIAL 1/10 1926

20 UNDERTAKER Geo. J Ruth's

ADDRESS 1735 Harford Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-002

E 05519

E 05519

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 East Fairfield ST. 25-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Mason

(a) RESIDENCE NO. 5 East ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — unknown

6 DATE OF BIRTH (month, day, and year) Dec 14 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60		23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work farm work

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D C (State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Lucena Miller

(Address) 5th St Fairfield Md

15 Filed ....., 19 ..... Registrar

JAN 10 1926 ROBERT R. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/26 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1925, to Jan 7th, 1926, that I last saw h alive on Jan 6 1926, and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Dilated heart

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C Kaufman, M. D.

, 19 (Address) 1340 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Furnace Branch Ct	Jan 10 1926

20 UNDERTAKER L. E. Brown & Son ADDRESS N W Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21—M&T—1500 Bks.

05520

HEALTH DEPARTMENT—CITY OF BALTIMORE

05520

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) 6-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor Freeman

(a) RESIDENCE NO. 1092 N Belnord Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~January~~ 8 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Ralph D. Freeman

11 BIRTHPLACE OF FATHER (city or town) Del. (State or country)

12 MAIDEN NAME OF MOTHER Eleanor Butler

13 BIRTHPLACE OF MOTHER (city or town) Del (State or country)

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

JAN 10 1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 3rd, 1926, to Jan. 9th, 1926, that I last saw her alive on Jan 9th, 1926, and that death occurred, on the date stated above, at 5.24 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Pneumococcus Septicaemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Chester S. Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lower Del

DATE OF BURIAL 1/10/26

20 UNDERTAKER Joseph Ahrens

ADDRESS 224 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05521

CERTIFICATE OF DEATH.

10-2-101-001

E 05521

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1426 E. Chase St (St.) 10-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Lowenstein

(a) RESIDENCE NO. 1426 E. Chase St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Lowenstein

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 E Balt St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 9, 1926, that I last saw her alive on Jan 9, 1926, and that death occurred, on the date stated above, at 8 0 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Franklin Rinki, M. D.

Jan 9 1926 (Address) 927 N. Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holmen Southern Co

DATE OF BURIAL 1-10 1926

20 UNDERTAKER Jack Lewis 1439 E Balt St

ADDRESS

WHITE ENERGY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 1001 E 05522

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 E. Balt St. ST. 31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Rosenkoff

(a) RESIDENCE NO. 2368 Eden St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Rosenkoff

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 62 — Months: — — Days: — — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Laura

(Address): 1439 E Balto St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1926, to Jan 8 1926,

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at 9 0 m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Abel Wolbarst, M. D.

, 19 (Address) 1810 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship

DATE OF BURIAL: 1/10 19 26

20 UNDERTAKER: Jack Laura

ADDRESS: 1439 E Balto St

JAN 10 1926 ROBERT R. KRAUTER

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05523 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 101-001 E 05523

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. 106 Brookdale St., Harlem Park Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Frank F. Rose

(a) Residence No. 1404 N. Montford Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary Rose

6-DATE OF BIRTH (month, day and year) 8. 31. 95.

7-AGE.	If LESS than 1 day,
30 yrs. ..... mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Textile Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Cotton Mills
(c) Name of employer ..... New Bedford Mass.

9-BIRTHPLACE (city or town) (State or Country),

PARENTS.
10-NAME OF FATHER, Joseph Rose
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Portugal
12-MAIDEN NAME OF MOTHER, Mary Manning
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Portugal

14- (Informant) Ella Mary Rose
(Address) 1404 N. Montford

15- Filed ..... 192.... Registrar.

RECEIVED JAN 10 1926 ROBERT R. KRAUSE REGISTRAR OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1. 7. 26.

17- I HEREBY CERTIFY, That I attended deceased from December 26 19 25 to Jan. 7 19 26
that I last saw h[illegible] alive on Jan. 7 19 26
and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia
(Duration) 6 yrs. ..... mos. 12 ds.
Collapse Rena
CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of .....
Was there an autopsy? ..... Clinical
What test confirmed diagnosis? .....
(Signed) Isaac A. Wilson M. D.
1926 (Address) 1404 N. Montford

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 11 1926

20-UNDERTAKER, Isaac Evans & Son — ADDRESS 1906 E. Monument St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05524

CERTIFICATE OF DEATH.

REGISTERED NO. E 05524

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., WARD

2-FULL NAME John Plesak (Plesk)

(a) RESIDENCE NO. 103 N. Castle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 10 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John P. Plesak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Kawacek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to Jan 8, 1926, that I last saw h alive on Jan 8th, 1926, and that death occurred, on the date stated above, at 8 05 P. m.

The CAUSE OF DEATH* was as follows:

Brain tumor Malignant

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Path Exam.

(Signed) Warfield M Theobald, M. D.

, 19 (Address) 1416 N

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 12 1926

20 UNDERTAKER Frank Enoch Son — ADDRESS [illegible]

WARNING: PENALTY, MISDEMEANOR—THIS STATEMENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05525

CERTIFICATE OF DEATH.

31

E 05525

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 St Paul ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Seward

(a) RESIDENCE NO. 3003 St Paul ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine A Seward

6 DATE OF BIRTH (month, day, and year) Aug 25 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	4	14/13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission Bus.

(b) General nature of industry, business, or establishment in which employed (or employer) 945

(c) Name of employer Seward + Matthews

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Timothy W. Seward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary E. Crow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Irene S. Collison

(Address) Chicago Ill

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1925, to Jan 8, 1926.

that I last saw h alive on Jan 8, 1926

and that death occurred, on the date stated above, at 2.05 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion + Toxaemia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuber

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Simms M. D.

1/10, 19 26 (Address) 4 216 H arford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Jan 11 1926

20 UNDERTAKER Wm J Rickner Sons ADDRESS Mosher & Pa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

ROBERT R. KRAUTER
Vital Records Clerk

Spec.—1-10-21—M&T—1500 Bks.

05526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 05526

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST. 7-3 WARD)

2-FULL NAME Mr. William H. Stone

(a) RESIDENCE NO. Calvert Court Apt. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida H. Mrs Wm. Stone

6 DATE OF BIRTH (month, day, and year) Apr. 23 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Publisher 08

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. H. Stone

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Ora Bennett

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs Ida Dallon Stone
(Address) Calvert Court Apt

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

JAN 10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 4 1926 to Jan 9 1926,

that I last saw him alive on Jan 7 1926,

and that death occurred, on the date stated above, at 12,45 a m.

The CAUSE OF DEATH* was as follows:

Iron Abscess

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 5, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation.

(Signed) Raymond F. Johnston M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL Jan 11 1926

20 UNDERTAKER Wm J. Pickerell — ADDRESS Roland Park Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

05527

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-001

E 05527

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 24th WARD)

2-FULL NAME Mr George F. Kraft

(a) RESIDENCE NO. Mt Hope Retreat ST., 24th WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 40 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mrs Kraft

6 DATE OF BIRTH (month, day, and year) ~~Feb 15 1826~~ ~~1854~~ (?)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Abt	99	10	~~25~~ 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith 006

(b) General nature of industry, business, or establishment in which employed (or employer) Iron Work

(c) Name of employer .....

9 BIRTHPLACE (city or town) Gutenberg (State or country) Germany

PARENTS

10 NAME OF FATHER John George Kraft

11 BIRTHPLACE OF FATHER (city or town) Gutenberg (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia (?)

13 BIRTHPLACE OF MOTHER (city or town) Gutenberg (State or country) Germany

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Retreat

15 Filed ....., 19 .....

Registrar

JAN 10 1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1890, to Jan 9th, 1926,

that I last saw him alive on Jan 8th, 1926,

and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

abt (duration) 0 yrs. 0 mos 4 ds.

CONTRIBUTORY (Secondary) Senile Psychosis with Senile Regression of the organs (duration) 41 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

Jan 9th, 1926 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem. Hampden DATE OF BURIAL Jan 12 1926

20 UNDERTAKER Wm Fleckenstein Sons ADDRESS North Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05523

CERTIFICATE OF DEATH.

74-001 E 05523

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Oak Hurst Place ST., 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grayson M Musser

(a) RESIDENCE NO. 1227 Oak Hurst Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie R Musser

6 DATE OF BIRTH (month, day, and year) Oct 27 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) 008

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Musser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER McDevitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Fannie R Musser

(Address) 1227 Oak Hurst Place

15 Filed JAN 10 1926, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 8, 1926,

that I last saw him alive on Jan 8, 1926,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical symptoms

(Signed) Jesse Ebaugh, M. D.

Jan 10, 1926 (Address) 700 St Paul Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md.

DATE OF BURIAL Jan 11 1926

20 UNDERTAKER H. N. Routson

ADDRESS 2238 N Milton Ave

Spec.—1-12-23—M&T—500 Bks.

E 05529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05529

CERTIFICATE OF DEATH.

1690

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 123 Cedar Ave. ST. 27th WARD)

2-FULL NAME Mary Ellen Barry

(a) RESIDENCE NO. 123 Cedar Ave ST., 27th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? 71 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND~~ of or) WIFE of George Gibson Barry

6 DATE OF BIRTH (month, day and year) Feb 23 1854.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	10	15/4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Allen Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margaret A. Hoeckel

13 BIRTHPLACE OF MOTHER (city or town) Ellicott City (State or country) Md.

14 Informant George H. Barry

(Address) 2913 Clifton Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1925, to Jan. 7, 1926.

that I last saw her alive on Jan. 6, 1926,

and that death occurred, on the date stated above, at 5-10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

Chronic Endocarditis.

Mitral Insufficiency

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Infectious Cold

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Paralysis - Right

(Signed) Emily M. Gibson Porter, M. D.

1/8, 1926 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Jan 11 1926
20 UNDERTAKER Robert Brookes & Son	ADDRESS Cor Calhoun Hollins St

INSTRUCTIONS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05530

CERTIFICATE OF DEATH.

74-001

74 E 05530

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. Ward)

2-FULL NAME. Margaret A. Green

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1452 W. Balto. St. St.; 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. July (Month) 10 (Day) 1875 (Year)

7-AGE. 50 yrs. 5 mos. 30 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Frederick Co. Md.

PARENTS.

10-NAME OF FATHER. Wm A. Chipley

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer E. Green

(Address) Frederick Md

15-

Filed ..... 192.....

ROBERT R. KRAUTER, Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. (Month) 9 (Day) 192.4 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Jan. 9 192.4 (Address) 250 Lanvale Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodsboro Md. DATE OF BURIAL. Jan. 11, 1926

20-UNDERTAKER. George J. Smith ADDRESS 1523 Hollins St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05531

100-001

CERTIFICATE OF DEATH.

E 05531

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 15-5 WARD)

2-FULL NAME Albert F. Fischer

(a) RESIDENCE NO. 2101 Lyndhurst Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Fischer

6 DATE OF BIRTH (month, day, and year) Oct 19 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mfg. fixtures Store

(b) General nature of Industry, business, or establishment in which employed (or employer) 045

(c) Name of employer Cardwell Fischer Co.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Albert C. Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Cahill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Gustav T. Fischer

(Address) 2433 E. Madison St.

15 Filed JAN 10 1926 Registrar ROBERT P. KRAUTER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 8, 1926.

that I last saw him alive on Jan 8, 1926

and that death occurred, on the date stated above, at 11.57 A. m.

The CAUSE OF DEATH* was as follows: Oedema of Glottis. Tracheotomy.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pneumonia aspirat

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes. Date of Jan 6-

Was there an autopsy? No

What test confirmed diagnosis? Clinically & Clinical

(Signed) James L. Bishop M. D.

Jan 8, 1926 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 11 1926

20 UNDERTAKER George Smith — ADDRESS 1532 Hollins St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05532 E 05532

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home for Incurable St., 12-5 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fanny Middleton Lewis

(a) RESIDENCE No. Home for Incurable E. 21st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Lewis

6 DATE OF BIRTH (month, day, and year) Dec 3rd 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — NO

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Major Edwards Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Home Records.

(Address)

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1926

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1926, to May 8, 1926

that I last saw h[illegible] alive on May 8, 1926

and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Metastatic Sarcoma of Leg - Chiefly Superficial -

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis (duration) 4 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Wm J Mayo, M. D.

May 9, 1926 (Address) Baltimore - Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 11/0 1926,

20 UNDERTAKER Hughes & Jones Inc. — ADDRESS 424 N Broadway

Burial Permit Clerk.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05533 E 05533

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Jefferson ST. 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. M. Hammen

(a) RESIDENCE No. 1923 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apr 4/1900

7 AGE — Years: 25 Months: 9 Days: 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Helper in

(b) General nature of industry, business, or establishment in which employed (or employer): Balto Dry Dock

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Geo. M Hammen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mamie Shadrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mamie Hammen 1923 Jefferson St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/7 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-1 1925 to 1-7 1926 that I last saw h alive on 1-6 1926 and that death occurred, on the date stated above, at 6-15 a m.

The CAUSE OF DEATH* was as follows:

Pulmonal Tuberculosis (Chronic) Pulmonary Tuberculosis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) Fred Byrnes M. D.

(Address) 1000 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk

DATE OF BURIAL: 1/11 1926

20 UNDERTAKER: Philip Herwig

ADDRESS: 2016 Arlington Av

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 05534

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3325 Edmonson Ave ST. N-W WARD)

2-FULL NAME William Leitsch Faringer

(a) RESIDENCE NO. 3325 Edmonson Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Faringer

6 DATE OF BIRTH (month, day, and year) Sept. 18 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Asst. clerk C&P Tel.Co.

(b) General nature of industry, business, or establishment in which employed (or employer) Clerical

(c) Name of employer C&P Tel.Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William B. Faringer

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Bennett

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14

Informant Florence Faringer

(Address) 3325 Edmonson Ave.

15

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 31 1925, 19 ..... to Jan 7 1926, 19 .....

that I last saw h. in alive on Jan. 7 1926, 19 .....

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) XXX yrs. XXX mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of deat

Did an operation precede death? None Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms.

(Signed) Charles E. Clark M. D.

Jan. 8 1926 (Address) 3214 Piedmont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvert Cem. DATE OF BURIAL Jan. 10 1926

20 UNDERTAKER Lilly and Zeile ADDRESS 403 S. Wolfe St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X118-002

E 05535

1-PLACE OF DEATH Union memorial Hospital

CITY OF BALTIMORE: (No.) 33rd + Calvert ST., (17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Sam L. Laughinghouse

(a) RESIDENCE NO. Washington N.C. ST., WARD North Carolina

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Laughinghouse

6 DATE OF BIRTH (month, day, and year) 3-21-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	21	18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Locomotive Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER W.J. Laughinghouse

11 BIRTHPLACE OF FATHER (city or town) (State or country) north Carolina

12 MAIDEN NAME OF MOTHER Mamie Latham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Mamie Latham (Address) Washington, N.C.

15 Filed ..... 19 ..... Registrar

JAN 10 1926 HOWARD A. KRAUTER, Board Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-9 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-29, 1925, to 1-9, 1926, that I last saw him alive on 1-9, 1926, and that death occurred, on the date stated above, at 8 15 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

one day

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) 7

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1-9-26

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) R. J. B. Ellard, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington N. Carolina

DATE OF BURIAL Jan 10 1926

20 UNDERTAKER John. A. Mitchell

ADDRESS 1201 W. Fayette St

Spec.—1-10-21—M&T—1500 Bks.

E 05536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05536

CERTIFICATE OF DEATH.

12-90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 25 W. Hamilton Ave. (ST.) Hamilton (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Marie Goellner

(a) RESIDENCE NO. 25 W. Hamilton Ave. ST., Hamilton WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Goellner

6 DATE OF BIRTH (month, day, and year) March 31st 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Goehren Germany

PARENTS

10 NAME OF FATHER John Reber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Germany

12 MAIDEN NAME OF MOTHER Rose Lillich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Germany

14 Informant John Goellner (Address) 25 W. Hamilton ave.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1925 to Jany 8, 1926 that I last saw h[illegible] alive on Jany 8, 1926 and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris B. Green M. D.

Jany 9 1926 (Address) Hamilton Baltimore Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Jerusalem Cemetery	Jan. 11 1926
20 UNDERTAKER	ADDRESS
Fredk Lasch & Sons	Fullerton

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05537

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5208 Wilton Heights ave. St.) (WARD)

REGISTERED NO. 74-1-1-801

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Wood

(a) RESIDENCE. No. 5208 Wilton Heights ave. ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara F. Wood

6 DATE OF BIRTH (month, day, and year) Dec 6, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Clara F. Wood

(Address) 5208 Willow Heights Ave.

15 Filed ..... 19 .....

ROBERT R. KRAUTER
Burial Permit Clerk.

Registrar

JAN 10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1925, to Jan. 9, 1926,

that I last saw ~~him~~ alive on Jan 8, 1926,

and that death occurred, on the date stated above, at 4 45 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. F. Johnson, M. D.

1-9, 1926 (Address) 3928 Park Hts Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 11, 1926

20 UNDERTAKER E. LeRoy Stiffler — ADDRESS 125 E. Mt. St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-16-21—M&T—1500 Blks.

E 05538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 65-001

E 05538

1-PLACE OF DEATH Franklin Sq Hospital

REGISTERED NO. 19-1

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Florence McVay

(a) RESIDENCE NO. Baltimore Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): May 17 1901

7 AGE — Years: 24 — Months: 7 — Days: 21 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: C Oden Lutzinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah E Hardy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs J Isaac

(Address): Belair Md.

15 Filed ..... 19 .....

Registrar

JAN 10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1926

17

I HEREBY CERTIFY, That I attended deceased from 1/2, 1926, to 1/10, 1926.

that I last saw h alive on 1/8, 1926,

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Acute Lymphatic Leukemia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis Fatal

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) Louis Antupet, M. D.

, 19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Abingdon Md

DATE OF BURIAL: Jan 10 1926

20 UNDERTAKER: Howard McComas

ADDRESS: Abingdon Md

Spec.—1-12-23—M&T—500 Bks.

E 05539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

E 05539

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Warwick Ave. St.) 15-9 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma E Burgee

(a) RESIDENCE No. 1621 Warwick Ave St. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May 26. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... Md
(State or country)

PARENTS

10 NAME OF FATHER Ralph M Burgee

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Ethel M Ridinger

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Ralph M. Burgee
(Address) 1621 Warwick Ave

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1925 to Jan 8, 1926, that I last saw h[illegible] alive on Jan 8, 1926, and that death occurred, on the date stated above, at 10 15 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. J Davies M. D.

1926 (Address) 800 W 38 th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md. DATE OF BURIAL Jan 10 1926

20 UNDERTAKER Ehrenwerth & Son ADDRESS 3617 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05540

CERTIFICATE OF DEATH.

54-002

E 05540

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Huntingdon Ave WARD 7-✓)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H Bates

(a) RESIDENCE No. 2107 Huntingdon Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Dec 31. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm H Bates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Atlanta Geogia

12 MAIDEN NAME OF MOTHER Cecila McClain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm H Bates

(Address) 2107 Huntingdon ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 31st, 1925, to Jan 9, 1926.

that I last saw him alive on Jan 9, 1926.

and that death occurred, on the date stated above, at 12 45 A m.

The CAUSE OF DEATH* was as follows:

Patent foramen Ovale

(duration) ... yrs. ... mos 9 ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Jno Donnelly M. D.

1/9, 1926 (Address) 846 W 36 Bal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL Jan 11 1926

20 UNDERTAKER Chenowith & Son — ADDRESS 846 Chestnut

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05541

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 44 S. Schroeder ST. 18 W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Stone

(a) RESIDENCE NO. 44 S. Schroeder ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Stone

6 DATE OF BIRTH (month, day, and year): July 14 1848

7 AGE: Years 77 Months 5 Days 25 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William T. Newton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Eliza A. Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Frank Stone

(Address) 44 S. Schroeder St

15 Filed ..... 19 .....

Registrar

JAN 10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1925, to Jan. 9, 1926, that I last saw h[illegible] alive on Jan 9, 1926, and that death occurred, on the date stated above, at 12 10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary): None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No (Minute)

What test confirmed diagnosis? ~~Clinical Chemical~~

(Signed) J. Thos. Horton, M. D.

1926 (Address) 888 N. Loudon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet

DATE OF BURIAL: Jan 11 1926

20 UNDERTAKER: William Cahoe & Bradbar

ADDRESS

Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05542

CERTIFICATE OF DEATH.

90 E 05542

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 24 N. Rose St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah K. Pritchett

(a) Residence No. 24 N. Rose St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Richard W Pritchett

6-DATE OF BIRTH (month, day and year): Unknown 1856

7-AGE: 69 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto md

PARENTS.

10-NAME OF FATHER: Asa Ringrose

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Letrania Lacy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

14- (Informant): Mr Richard W. Pritchett

(Address): 24 N. Rose St.

15- Filed 192 Registrar.

ROBERT R. KRAUTER, Registrar of Records

JAN 10 1926 Health Department, Baltimore

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 9th 26

17- I HEREBY CERTIFY, That I attended deceased from July 1 1925 to Jan 9 1926

that I last saw h[illegible] alive on Jan 9 1926

and that death occurred, on the date stated above at 12 M.

The CAUSE OF DEATH was as follows:

United Reference States

Complete

Hypertension

(Duration yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Verdict

(Signed) Fred Runkel M D

1-10-26 (Address) 600 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem | DATE OF BURIAL: Jan 12 1926

20-UNDERTAKER: John F Gowan & Son | ADDRESS: 907 Holliday St.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05543

CERTIFICATE OF DEATH.

100-001

E 05543

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Fayette St. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Sinsky

(a) RESIDENCE NO. 1013 Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 8-1925

7 AGE — Years | Months: 8 | Days: 2 | If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Sinsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sylvia Ottenberg

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant: J. Lewis

(Address) 1439 E. Balto. St.

15 Filed ....., 19..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926 to Jan 10, 1926,

that I last saw her alive on Jan 9, 1926,

and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Ruhrah, M. D.

Jan 10, 1926 (Address) 11 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenlawn Ward Lot

DATE OF BURIAL: 1-10-19

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Salom

E 05544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 9-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Isabel Salomon.

(a) RESIDENCE NO. Bengies md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer at her home

9 BIRTHPLACE (city or town) Baltimore md (State or country)

PARENTS

10 NAME OF FATHER Frank Salom

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Annie Wisdan

13 BIRTHPLACE OF MOTHER (city or town) Baltimore maryland (State or country)

14 Informant Victoria Salomon (Address) Bengies md

15 Filed ..... 19 ..... Registrar

JAN 10 1926 ROBERT R. KRAUTER, Health Commissioner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9/26 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/17/25, 1925, to 1/9/26, 1926, that I last saw her alive on 1/9/26, 1926, and that death occurred, on the date stated above, at 9:40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac Dilatation

(duration) yrs. mos. 6 hrs

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 1/7/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical & operative

(Signed) H. R. McConnell, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincents Cemetery	1/12-26
20 UNDERTAKER	ADDRESS
Chas H Kraus & Son	118 West Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05545

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-001

E 05545

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 S Caroline ST 2nd WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Allgeier

(a) RESIDENCE. No. 917 S Caroline ST., 2nd WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth Allgeier

6 DATE OF BIRTH (month, day, and year) Dec 25th 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	57	—	15 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Elizabeth Allgeier
(Address) 917 S Caroline St

15 Filed ____, 19__ ROBERT P. KRAUTER, Registrar

JAN 10 1926 Health Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 12, 1925, to Jan 8, 1926,

that I last saw h___ alive on ____, 19__,

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx (Hypopharynx)

(duration) ___ yrs. 4 mos. ___ ds.

CONTRIBUTORY (Secondary) Heart failure & Arthritis

(duration) ___ yrs. 1 mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Autopsy

(Signed) W H Rucker, M. D.

1/7, 1926 (Address) 1623 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	Jan 11th 1926

20 UNDERTAKER Peter Nicolaus ADDRESS 2060 Eastern Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05546

CERTIFICATE OF DEATH.

3 | E 05546

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. enroute to St. Joseph Hospital ST., 6-3 WARD)

2-FULL NAME Jas. E. Wagner

(a) RESIDENCE NO. 2620 E. Balto St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): June 25/1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	0	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Insurance Solicitor
(b) General nature of industry, business, or establishment in which employed (or employer): Mutual Life
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Michael J. Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Margaret E. Starr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Mrs. Walter Hamilton
(Address): 2620 E. Balto St

15 Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulm. Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Watkins, M. D.
(Coroner.)

1/9/28, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Parkcem.

DATE OF BURIAL: 1/11 1928

20 UNDERTAKER: J. A. Moran

ADDRESS 3000 E. Balto St

Burial Permit Clerk.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

187844 E 05547

HEALTH DEPARTMENT—CITY OF BALTIMORE E 05547

CERTIFICATE OF DEATH.

X84

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Harrison

(a) RESIDENCE NO. Greenville Texas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced (~~HUSBAND~~) of (or) WIFE of Joseph Harrison

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Texas (State or country)

PARENTS

10 NAME OF FATHER R. B. Tolleton

11 BIRTHPLACE OF FATHER (city or town) Ala (State or country)

12 MAIDEN NAME OF MOTHER Betty Cain

13 BIRTHPLACE OF MOTHER (city or town) Miss (State or country)

14 Informant Records (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1926 to Jan 10 1926, that I last saw her alive on Jan 10 1926, and that death occurred, on the date stated above, at 8 08 a. m.

The CAUSE OF DEATH* was as follows:

Brain tumor (Benign)

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Greenville Texas

Did an operation precede death? Yes Date of 1/8/26

Was there an autopsy? yes

What test confirmed diagnosis? Path. Exam.

(Signed) Warfield M. Firor, M. D.

1/10 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL 118 W Royal ave

DATE OF BURIAL 1/10 1926

20 UNDERTAKER Greenville Tex. Chas F Evans Son

ADDRESS

JOHNS HOPKINS HOSPITAL JAN 10 1926 ROBERT R. KRAUTER, Registrar Vital Statistics

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-001
F 05548

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 22 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Parker

(a) RESIDENCE NO. 657 W Barre Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Parker

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife 037

(b) General nature of Industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Annapolis Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) An A. County

12 MAIDEN NAME OF MOTHER Doont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) An A. County Md

14 Informant ..... (Address) Lorgh D. Warnick Annapolis Md.

15 Filed ..... 19 ..... Registrar

JAN 10 1926 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1926, to Jan 9, 1926, that I last saw her alive on Jan 9, 1926, and that death occurred, on the date stated above, at 8 15 P m.

The CAUSE OF DEATH* was as follows:

Strangulated left femoral hernia.
Gangrene of intestines.

Two weeks (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Strangulated left femoral hernia Toxemia

Two weeks (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 1/3/26

Was there an autopsy? Yes

What test confirmed diagnosis? Physicians Operation, Autopsy.

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Annapolis Brewn Hill Cem

DATE OF BURIAL: Jan. 14 1926

20 UNDERTAKER: Lorgh D. Warnick

ADDRESS: Annapolis Md.

(over)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05549

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05549

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Riverside Ave St. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M. Smith.

(a) RESIDENCE NO. 1136 Riverside Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of: Frank Smith.

6 DATE OF BIRTH (month, day, and year): April 6 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work.

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Christina Dauer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs Chas Ruff.

(Address) 1136 Riverside Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to 1/7, 1926,

that I last saw h. alive on 1/7, 1926,

and that death occurred, on the date stated above, at 7 05 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C. M. Nicholls M. D.

1/7, 1926 (Address) 1209 Williams St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross C. A. Co.

DATE OF BURIAL: 1-11 1926

20 UNDERTAKER: E & B Hasle

ADDRESS: 115 E Wash St

Burial Permit Clerk.

INSTRUCTIONS. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-13-21—M&T—1500 Rks.

E 05550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05550

CERTIFICATE OF DEATH.

REGISTERED NO. 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3907 Forest Park Ave ST., 15-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie K Greenfield

(a) RESIDENCE No. 3907 Forest Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew L Greenfield

6 DATE OF BIRTH (month, day, and year) July 2 - 1875

7 AGE	Years	Months	Days 27	If LESS than 1 day, .. hrs or .. min.
	50	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER Patrick Kearney

11 BIRTHPLACE OF FATHER (city or town) Ire
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Gorman

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Andrew L Greenfield
(Address) 3907 Forest Park Ave

15 Filed JAN 1 1926, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 - 1926 to Jan 9 1926,
that I last saw ~~him~~ her alive on Jan 4 - 1926,
and that death occurred, on the date stated above, at 6 7, m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma
with Pyloric obstruction

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Pyloric obs. - Asthenia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Xray

(Signed) Wesley Cale, M. D.

19 (Address) 2202 Harrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem — DATE OF BURIAL Jan 11 1926

20 UNDERTAKER J. J. Tickner & Sons — ADDRESS North Ave

Spec.—1-10-21—M&T—1500 Blks.

E 05551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05551

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

REGISTERED NO. 129

CITY OF BALTIMORE: (No. 206 Riverview Ave ST., 6-L WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Alice Phelps

(a) RESIDENCE NO. 206 Riverview Ave ST., Dundalk, Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter F Phelps.

6 DATE OF BIRTH (month, day, and year) May 17-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) St Marys Co (State or country) Md

PARENTS

10 NAME OF FATHER Robert Beckett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER — Pumphrey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Walter F Phelps (Address) 206 Riverview Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925, to Jan 9, 1926, that I last saw h[illegible] alive on Jan 9, 1926, and that death occurred, on the date stated above, at 6:05 a m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Myomata uteri, anemia secondary, Nephritis chronic interstitial

(duration) 8 Yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 6, 1926

Was there an autopsy? yes

What test confirmed diagnosis? Clinical examination

(Signed) Walt W Eagle, M. D.

Jan 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Jan 12 1926

20 UNDERTAKER John Ledrick

ADDRESS 2008 Orleans

BEFORE SIGNING BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 05552 HEALTH DEPARTMENT—CITY OF BALTIMORE 161-08 E 05552

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 S. 13th St. 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arnold Junior Tripp

(a) RESIDENCE NO. 645 S. 13 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 31-1925

7 AGE — Years | — Months | 9 10 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Arnold French Tripp

11 BIRTHPLACE OF FATHER (city or town) Missouri (State or country)

12 MAIDEN NAME OF MOTHER Rita Ruth Moracle

13 BIRTHPLACE OF MOTHER (city or town) Erie Canada (State or country)

14 Informant Arnold French Tripp

(Address) 645 S. 13

15 Filed Jan, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1925 to Jan 10, 1926, that I last saw him alive on January 10 1926 and that death occurred, on the date stated above, at 7.12 Am.

The CAUSE OF DEATH* was as follows:

Premature birth

Inanition

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris J. Schmelling Jr, M. D.

, 19 (Address) 4509 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cem DATE OF BURIAL Jan 11 1926

20 UNDERTAKER John Merrick ADDRESS 2005 Eutaw

TION is very important See instructions on back of certificates.

E 05553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05553

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Immorial Hosp St., 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill ont No. 18.)

2-FULL NAME. Marie Wolff

(Residence in Baltimore: No 3629 Cedar Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Single

6-DATE OF BIRTH. Sept 9 1915
(Month) (Day) (Year)

7-AGE. 10 yrs. 3 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Schoolchild
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Wm J Wolff

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Viola Eckert

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Timmons

(Address) 3629 Cedar Ave

15-

Filed ..... 192.....

ROBERT R. KRAUTER, Budget Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 8 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Injuries from auto Accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Morrow Jr M. D.
(Coroner.)

Jan 10 1926 (Address) 1132 Rodman

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
St Marys Hampd Jan 11 1926

20-UNDERTAKER. ADDRESS 3617
Eberwein & Son Chestnut Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05554

CERTIFICATE OF DEATH.

90 E 05554

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3652 Railroad Ave (WARD) 21

2-FULL NAME Jesse Chaney

(a) RESIDENCE NO. 3652 Railroad Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Elizabeth J. Chaney

6 DATE OF BIRTH (month, day, and year): April 11 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Annie L. Howard

(Address) 3652 Railroad Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 8, 1926

that I last saw him alive on Jan 7, 1926

and that death occurred, on the date stated above, at 11.15 P.M.

The CAUSE OF DEATH* was as follows:

Asthma

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Sym

(Signed) W. H. Bradley M. D.

, 19 (Address) 3101 Orbyland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Jan 11 1926

20 UNDERTAKER: Chenoweth & Son

ADDRESS: 3617 Chestnut Ave

TION is very important See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05555

CERTIFICATE OF DEATH.

48 E 05555

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE. (No. 2452 Greenmount Ave St.; 12-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gruleb

(Residence in Baltimore: No. 2452 Greenmount Ave. St.: 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Feby. (Month) 26 (Day), 1848 (Year)

7-AGE, 77 yrs. 11 mos. 10 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER. John F. Kampe

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Catherine Habb

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Virginia Kelly Daughter

(Address) 2452 Greenmount Ave.

15-

Filed ....., 191.....

ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany. (Month) 8 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May. 4 1925, to Jany. 7. 1926, that I saw h[illegible] alive on Jany. 6 1926, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face
left Side

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. J. Tillbury M. D.

Jan. 8, 1926 (Address) 415 Edgecroft Road.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem

DATE OF BURIAL, Jan. 11., 1926

20-UNDERTAKER E. A. Windsor Jr

ADDRESS 501 E 22nd St

important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05556

CERTIFICATE OF DEATH.

90 E 05556

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Guilford ST., 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Norton

(a) RESIDENCE NO. 1812 Guilford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 31st 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	2	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ret. Policeman
(b) General nature of industry, business, or establishment in which employed (or employer) 061
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Patrick Norton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Virginia Norton
(Address) 1812 Guilford ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation heart

Syncope (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

Uremia (duration) ... yrs. ... mos. ... ds.

(Signed) Harry Bailey, M. D.
(Coroner.)
Jan 9, 1926 (Address) 7899 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Govans

DATE OF BURIAL Jan 11 1926

20 UNDERTAKER E. A. Wiedefeld

ADDRESS 501 E 22 St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05557

CERTIFICATE OF DEATH.

113E 05557

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Argyle ave St. 17-1 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas Aldus Taylor

(a) RESIDENCE. No. 1303 Argyle ave St., ... Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 10/1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2	11-7	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) Balto City

PARENTS

10 NAME OF FATHER Louis Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Maria Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Emma Taylor (Address) 1303 argyle ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9/1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1926, to Jan 9, 1926.

that I last saw him alive on Jan 7, 1926,

and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Pharyngo tonsilitis

(duration) 2 hours yrs. mos. ds.

CONTRIBUTORY (Secondary) acute indigestion

(duration) about 8 hours yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) John H. Fotopoulos M. D.

(Address) 1014 Druid Hill ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	1/11/1926
20 UNDERTAKER David Eaton	ADDRESS 916 Ea ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05558

CERTIFICATE OF DEATH.

101-91 E 05558

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Myrtle Ave St.: 17-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Wallace Whitfield

(a) RESIDENCE. No. 1332 Myrtle Ave St.: WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. 13 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: [illegible]

6 DATE OF BIRTH (month, day, and year): January 10 5-5223

7 AGE — Years: — Months: 7 Days: 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer): None.

(c) Name of employer: No Employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Andrew J. Whitfield

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Bessie Parron

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Bessie Whitfield (Address)

15 Filed 13 32 Myrtle Ave Registrar

JAN 11 1926 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/10/1926 19

17 I HEREBY CERTIFY, That I attended deceased from December 7, 1925, to January 10, 1926.

that I last saw h. alive on January 9th, 1926.

And that death occurred, on the date stated above, at 5.52 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. One mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Clinical

(Signed) Bonnell Fargo, M. D.

, 19 (Address) 2937 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem — DATE OF BURIAL: 1/11/1926

20 UNDERTAKER: Daniel Easton — ADDRESS: 916 Eave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05559 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05559

CERTIFICATE OF DEATH.

99-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Curley ST. 6-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane E Houston

(a) RESIDENCE NO. 127 N. Curley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	W	Widowed

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Gutsleib J. Houston

6 DATE OF BIRTH (month, day, and year) Oct 11, 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dalto Md

PARENTS

10 NAME OF FATHER Richard Lemmon

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mary E Kagler

(Address) 2924 N Fourth St

15 Filed JAN 11 1926, 19 ROBERT M. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1926 to Jan 8 - 1926, that I last saw her alive on Jan 8 - 1926, and that death occurred, on the date stated above, at 11.20 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) † Frederick H Hoffmann D.

Jan 11 1926 (Address) 1913 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Jan 12 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Fayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

E 05560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 05560

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1504 Gorsuch Ave ST. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Nellie Jane Gay

(Residence in Baltimore: No. 1504 Gorsuch Ave S. L. 6 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug (Month) 16, (Day) 1918 (Year)

7 AGE: 7 yrs. 4 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer): Girl

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William H Gay

11 BIRTHPLACE OF FATHER (State or country): Hancock Md

12 MAIDEN NAME OF MOTHER: Nellie I Dutrow

13 BIRTHPLACE OF MOTHER (State or country): Martinsburg W. Va

14 THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE
(Informant) William H Gay
(Address) 1504 Gorsuch Ave

15.

Filed ..... 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 9 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3. 1926. to Jan 9 1926. that I saw h alive on Jan 9 1926. and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) followed an attack of measles from which she seemed to have recovered

(Duration) yrs. mos. 3 ds.

(Signed) H. G. Prentiss M. D.

Jan 10, 1926 (Address) 634 Gorsuch Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loraine Cem

DATE OF BURIAL: Jan 12 1926

20 UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05561

CERTIFICATE OF DEATH.

90 E 05561

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Longwood ST., 15-7 WARD)

2-FULL NAME Laura Virginia Lacher

(a) RESIDENCE NO. 1907 Longwood ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Lacher

6 DATE OF BIRTH (month, day, and year): Apr 28, 1856

7 AGE — Years: 69 — Months: 8 — Days: 12 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home 37

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John C. Luther

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rose A. Honna

13 BIRTHPLACE OF MOTHER (city or town) (State or country)? Balto, Md

14 Informant: George Lacher Jr
(Address) 1907 Longwood St

15 Filed JAN 7 1926, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 8, 1925, to Jan 9, 1926,

that I last saw h[illegible] alive on Jan 9, 1926,

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Dilated Heart
Duration 1 Mo. Hour at
Eyded for several years
Arrythmia + Tardens
Athesis + Stone Known
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Dr Dickson

(Signed) Laura B Parker M. D.

, 19 (Address) 3125 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 13 1926

20 UNDERTAKER: J M Cook — ADDRESS: 502 E Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 05562 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05562

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 808 N. Vincent ST. 16-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Nicki

(a) RESIDENCE NO. 808 N. Vincent ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas Nick

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A. H. Co. Md

PARENTS

10 NAME OF FATHER Henry Estep.

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. H. Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A. H. Co. Md

14 Informant Georgianna Elliott (Address) 808 N. Vincent St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 8th 1926, to Jan 8th 1926, that I last saw h[illegible] alive on Jan 8th 1926, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Y

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. H. Lenk, M. D.

Jan 9th 1926 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL Jan 11 1926

UNDERTAKER Virginia A. Brooks ADDRESS 1463 N. Gay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05563 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05563

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1356 Stockton ST. 15-12 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Edward Bond

(a) RESIDENCE NO. 1356 Stockton ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 15 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	10	24 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer) Delivering Coal

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER James Bond

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Smothers

13 BIRTHPLACE OF MOTHER (city or town) Fredericksburg (State or country) Va

14 Informant Ella Bond (Address) 1356 Stockton St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 19..., to Jan 8, 1926, that I last saw him alive on Jan 8, 1926, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E. William Frey M. D.

1/9, 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Jan 12 1926

20 UNDERTAKER Virginia A. Brooks — ADDRESS 1463 N. Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

05564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

178 E 05564

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bald City Hospital ST., H-1 WARD)

2-FULL NAME Lathan Johnson

(a) RESIDENCE NO. 617 Cider alley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Isabelle Roderick
(Address) 619 Bradley St

15 Filed ..... 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Hemorrhagic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) ..... yrs. ..... mos. 4 ds.

(Signed) James M Fenton, M. D.
(Coroner.)

Jan 10, 1926 (Address) 700 Cherry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?
617 Cider Alley

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL Jan 9 1926

20 UNDERTAKER Lenard Whalen

ADDRESS 308 Myrtle Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 1926 HUBERT R. KNOLL

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05565

CERTIFICATE OF DEATH.

11-802 E 05565

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 N. Central Ave ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George B. Gibson

(a) RESIDENCE NO. 1406 N. Central Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Gibson

6 DATE OF BIRTH (month, day, and year) July 16, 1860.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	6 5	8 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lock Maker 0 86

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles T. Gibson Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C.

12 MAIDEN NAME OF MOTHER Mary A. Botterill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Margaret A. Gibson

(Address) 1406 N. Central Ave.

15 Filed ..... 19 .....

JAN 11 1926 ROBERT R. KRAMER

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to Jan 8, 1926.

that I last saw him alive on Jan 8, 1926.

and that death occurred, on the date stated above, at 11.45 P.M.

The CAUSE OF DEATH* was as follows:

Duodenal ulcer

(duration) yrs. 2 mos 2 ds.

CONTRIBUTORY (Secondary) Hemorrhage from

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Hubert Kramer M. D.

Jan 9 1926 (Address) 1216 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Jan. 11, 1926

20 UNDERTAKER: Wm. C. Black — ADDRESS: 927 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05566

CERTIFICATE OF DEATH.

E 05566

1-PLACE OF DEATH Bon Secours Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ellen Flaharan

(a) RESIDENCE No. 215 S. Stricker St ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Timothy Flaharan

6 DATE OF BIRTH (month, day, and year) Feb 16 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	65	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER William Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Healy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John J. Flaharan
(Address) 215 S Stricker st

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1925 to Jan. 9, 1926

that I last saw her alive on Jan. 9, 1926

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Chronic Bronchitis

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) L. D. Tilley, M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Jan 10 1926

20 UNDERTAKER John J. Fedde — ADDRESS 1200 N Fremont

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ROBERT R. KRAUTER, JAN 1 1926 Local Registrar

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05567

CERTIFICATE OF DEATH.

112 E 05567

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Mount St.; 15-13 WARD) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Lewis

(Residence in Baltimore: No. 1428 N Mtns. Balto Md St.; 10 yrs. .... mos. .... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, Sept 8 (Month) (Day), 1871 (Year)

7-AGE, 54 yrs. 4 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Own

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Daniel Hutchinson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Mary Foner

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Spearson

(Address) 1626 Freeman St

15-

Filed ....., 191... .....

ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9 (Month) (Day) 1926, 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1925, to Jan 9 1926, that I saw h[illegible] alive on 1-8-1926 and that death occurred, on the date stated above, at 4 4 a.m.

The CAUSE OF DEATH* was as follows:

Postritis

Two months

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Absent teath

Pneumonia (Duration) .... yrs. .... mos. .... ds.

(Signed) [illegible] M. D.

....., 191... (Address) 1615 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn St

DATE OF BURIAL, Jan 12, 1926

20-UNDERTAKER S. L. Brown's Son

ADDRESS 108 W Monument

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 05568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 05568

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 N Bond ST., 7-1 WARD)

2-FULL NAME Samuel Simpson

(a) RESIDENCE NO. 910 N. Bond ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widower

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Elsie Simpson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	approx 72	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Warren Co Va.

PARENTS

10 NAME OF FATHER Alfred Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jennie Pitts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Margaite Simpson daughter 910 N Bond St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 7, 1925, to Jan 9, 1926

that I last saw h[illegible] alive on Jan 7, 1926

and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

to Facial Paralysis

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis and Hypertension (duration) Unknown ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. F. Young M. D.

1/9, 1926 (Address) 1429 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL Jan 12 1926

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1725 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

ROBERT P. KRAUTER

JAN 1 1926 Burial Permit Clerk

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05569 — CERTIFICATE OF DEATH. — 101-001 E 05569

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 131. W. 20 ST. 12-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew b Chase

(a) RESIDENCE NO 131, W. 20 ST., 12 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Chase

6 DATE OF BIRTH (month, day, and year) Sept 23rd 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer William McClay

9 BIRTHPLACE (city or town) Smithsville Balto Co md
(State or country)

PARENTS

10 NAME OF FATHER Andrew Chase

11 BIRTHPLACE OF FATHER (city or town) Balto md
(State or country)

12 MAIDEN NAME OF MOTHER Semma Gaither

13 BIRTHPLACE OF MOTHER (city or town) Balto md
(State or country)

14 Informant William Chase
(Address) 2021 oak st

15 Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Jury, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J Donovan M. D.
(Coroner.)

Jan 9, 192 6 (Address) 923 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 11th 1926

20 UNDERTAKER	ADDRESS
Joseph A Farrell	2319 Division

JAN 11 1926 ROBERT P. KRAUTER Asst. Registrar

Spec.—8-24-14—M. & T.—2000 Bks.

E 05570

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05570

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Arbutus Ave ST.; Lakeland 25 WARD) 100-001

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Frederick Edward Redelius

(Residence in Baltimore: No. Same as above St.; yrs. 10 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Single

6-DATE OF BIRTH, Feb (Month) 20 (Day), 1925 (Year)

7-AGE, yrs. 10 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City.

PARENTS.

10-NAME OF FATHER, Frederick E Redelius.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Amelia Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Amelia Johnson

(Address) Arbutus Ave. Lakeland.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 8 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1926, to January 8 1926, that I saw him alive on January 7 1926, and that death occurred, on the date stated above, at 10.10 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Catarrhal Bronchitis (Duration) yrs. mos. 4 ds.

(Signed) H. Lawrence Wheeler M. D.

1/8, 1926 (Address) Lakeland, Md. P.O. Sanitorium

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, Jan 11, 1926

20-UNDERTAKER Nelson E. Stiles — ADDRESS 320 Md Ave Westport

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 05571 HEALTH DEPARTMENT—CITY OF BALTIMORE 10-001 E 05571

CERTIFICATE OF DEATH

1-PLACE OF DEATH St Joseph Hospital.

CITY OF BALTIMORE: (No.) Caroline & Oliver ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Percy Gray.

(a) RESIDENCE NO. 2013 Etting ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie Gray-

6 DATE OF BIRTH (month, day, and year): June 20 - 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore. Md.

PARENTS

10 NAME OF FATHER: Benjamin. Gray-

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bel Air. Md.

12 MAIDEN NAME OF MOTHER: H. Barse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Edward Gray (Address): 1210 Etting St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1926, to Jan. 8, 1926, that I last saw him alive on Jan. 8. 1926, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Acute Dilatation of heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical. & P

(Signed) Clement P. Mongan, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cmtry

DATE OF BURIAL: 1/13/26

20 UNDERTAKER: J Leon Hall

ADDRESS 733 Dolphin

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05572 HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

CERTIFICATE OF DEATH.

E 05572

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1259 William ST. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Jacobs

(a) RESIDENCE NO. 1259 William ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 10 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah A Jacobs

6 DATE OF BIRTH (month, day, and year): March 11 1876

7 AGE — Years: 49 Months: 10 Days: 27 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto mach 031

(b) General nature of industry, business, or establishment in which employed (or employer): Chesapeake Tool

(c) Name of employer: Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Mordica Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary E. Hartlove

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs Sarah A Jacobs

(Address) 1259 William st

15 Filed ....., 19.....

ROBERT R. KRAUTER, Registrar

JAN 1 1926 BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1925, to Jan 7, 1926, that I last saw h[illegible] alive on Jan 6th 1926 and that death occurred, on the date stated above, at 1.50 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yr. mos 5 ds.

CONTRIBUTORY (Secondary): Ca Gastric

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sym & Symptoms

(Signed) John D Veit, M. D.

1/7, 1926 (Address) 936 Wyoming Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Jan 11 1926

20 UNDERTAKER: John F Denny — ADDRESS: 713 Light St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 E 05573

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2018 Brookfield Ave. ST. 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Land Tyler.

(a) RESIDENCE. NO. 2018 Brookfield Ave. ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of J. Harry Tyler.

6 DATE OF BIRTH (month, day, and year) Sept. 26. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	69	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. (Old)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Woodville Va.
(State or country) King & Queen County.

PARENTS

10 NAME OF FATHER Robert Hart Land

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Surrey Co. Va.

12 MAIDEN NAME OF MOTHER Antoinette Mann Walker.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) King & Queen Co. Va.

14 Informant Mrs Francis S. Bigg.
(Address) 206 McMechen St.

15 Filed ..... 19 ..... Registrar

JAN 1 1926 ROBERT P. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 10, 1926, that I last saw h.. alive on Jan 10, 1926, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

18 Where was disease contracted ~~if not at place of death?~~ 2018 Brookfield Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Charles R. Warner, M. D.

, 19 (Address) 3312 Egerton Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Jan 12 1926

20 UNDERTAKER John A. Mitchell ADDRESS 120 W. Fayette St.

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

Hosp. Morder Jan 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05574

CERTIFICATE OF DEATH.

41

E 05574

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Esther~~ Jas. A. Thomas

(a) RESIDENCE NO. 113 Perry St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE 73 53 Years Months Days If LESS than 1 day, hrs. or min.

Episcopal Hosp 62 -0-0-

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Arsenal Post

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Bessie Bowen

(Address) 42 Pulaski

15 Filed 192

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Arteriosclerosis

due to infected gangrene toe

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) , M. D.

(Coroner.)

Jan 4, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Cem DATE OF BURIAL 1/11/26

20 UNDERTAKER Daniel Easton ADDRESS 96 Bank

Spec.—6-9-19—H. P. Co.—1000 Bks.

Amanda C. Scott

05575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 05575

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1134 Druid Hill Ave ST 17-1 WARD)

2-FULL NAME Amanda C. Carroll Scott

(a) RESIDENCE. NO. 1134 Druid Hill Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. 14 ds. How long in U. S., if of foreign birth? 67 yrs. mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 25-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	0	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Hardesty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles C. Carroll
(Address) 1134 Druid Hill Ave.

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 25, 1925, to Jan 8, 1926,

that I last saw her alive on Jan 8, 1926,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) ..... yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Do Chronic

(duration) ..... yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Thrombosis Cerebral Hemorrhage

(Signed) Thos H. Howard, M. D.

Jan 9 1926 (Address) 712 S Chapel St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Jan. 12 1926

20 UNDERTAKER John M. Johnson

ADDRESS 2334 Eutaw St

TION is very important. See instructions on back of certificates.

ROBERT E. KRAUTER
Burial Permit Clerk.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05576

CERTIFICATE OF DEATH.

1929 E 05576

1-PLACE OF DEATH

City of BALTIMORE: (No. 109 E. White Ave St., 7th (Hamilton) Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Florence Adela Bowling

(a) Residence No. 109 E White Ave St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L. Bowling

6-DATE OF BIRTH (month, day and year) Oct-17-1872

7-AGE. 53 yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at home. 037

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Salto Md.

PARENTS.

10-NAME OF FATHER. James A. Townsend

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Salto Md.

12-MAIDEN NAME OF MOTHER. Cecelia Lightner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Salto Md.

14- (Informant) Mrs Langley (Sister)

(Address) 109 E White Ave

15-

Filed....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan-8-1926

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1925 to Jan 8th 1926

that I last saw h.r alive on January 8th 1926

and that death occurred, on the date stated above, at 12:00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis with

Hemorrhage

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. 2 mos. ..... ds.

18-Where was disease contracted if not at place of death? at Home Residential

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Je

(Signed) George C. Doyle M. D.

Jan 8th 1926 (Address) 10 N. Monument Road

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn | DATE OF BURIAL, 1/12, 1926

20-UNDERTAKER. Hughes & Jones Inc. | ADDRESS 424 N. Broadway

instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05577 — 100-001 — E 05577

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 561 Greenwillow St.: 17-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Payne

(a) RESIDENCE. No. 561 Greenwillow St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Payne

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife (37)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Washington Pratt

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Harris

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant William Payne
(Address) 561 Greenwillow St

15 Filed , 19 Registrar

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/8/ 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1925, to Jan. 8, 1926

that I last saw h alive on Jan. 7, 1926

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Toxemia (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) Jno H. Youngring M. D.

(Address) 1014 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	1/11 19 26

20 UNDERTAKER Samuel Hruby ADDRESS 5 Biddle

HOWARD P. KRAMER
JAN 1926

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05578

100-001

100 E 05578

CERTIFICATE OF DEATH.

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 6-3 WARD)

(Mar)

2-FULL NAME Mark Kosteland

(a) **RESIDENCE** No. 152 N. Linwood ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 65	66	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Drugist Supplies

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore - Md.

PARENTS

10 NAME OF FATHER Abraham Kostland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Bertha —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant My Jacob Engel

(Address) Mt. Washington Md

15 Filed ....., 19 .....

PART 1926 ROBERT N. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-10-26 19

17 I HEREBY CERTIFY, That I attended deceased from 12-31-25, 19 ..... to 1-10-26, 19 .....

that I last saw h(er) alive on 1-10-26, 19 .....

and that death occurred, on the date stated above, at 1:15 p. m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Edema

2. Uremia

Complicating Bronchopneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Weber, M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ohab Shalom Cem.	1/12/ 1926
20 UNDERTAKER	ADDRESS
Abard Sondheim	1126-28 N. Mt Royal Ave

SHOW OF CAUSES in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPA-TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05579

101-001

E 05579

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1723 Fleet street 2-3 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Stanislaw Katowski

(a) Residence No.... 1723 Fleet street St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	White	married

5a-If married, widowed, or divorced, HUSBAND of [redacted] Bronislava Katowski

6-DATE OF BIRTH (month, day and year) Aug 7. 1889

7-AGE. 36 yrs. 5 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Stevedore.

(b) General nature of industry, business, or establishment in which employed (or employer)..... D74

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Poland.
(State or Country),

PARENTS.

10-NAME OF FATHER, Balton Katowski

11-BIRTHPLACE OF FATHER (city or town).. Poland.
(State or Country),

12-MAIDEN NAME OF MOTHER Maryanna Katowski

13-BIRTHPLACE OF MOTHER (city or town). Poland.
(State or Country),

14-

(Informant) Bronislava Katowski

(Address) 1723 Fleet street.

15-

Filed..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 9th/26

17- I HEREBY CERTIFY, That I attended deceased from Jany 7th, 19 26 to Jany 9th, 19 26

that I last saw h[redacted] alive on Jany 8th, 19 26

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Caleb M. Foley, M. D.

Jan 10, 19 26 (Address) 100 S. Patterson Park Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Rosary.	Jan. 12, 1926
20-UNDERTAKER.	ADDRESS
George A. Weber.	2206 Bank st.

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05580

E 05580

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital (Ward) 18-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Silverman

(a) RESIDENCE NO. 1209 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Silverman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Annie Silverman

(Address) 1209 W. Mulberry St

15 Filed JAN 1 1926, 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 — 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1926, to Jan. 11, 1926

that I last saw h. in alive on Jan 11, 1926

and that death occurred, on the date stated above, at 9:05 Am.

The CAUSE OF DEATH* was as follows:

Broncho. pneumonia

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Arthur A Cope, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 1/11 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Baltimore St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05531 CERTIFICATE OF DEATH. 100-001 E 05531

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 24-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse Light

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0-10

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Baltimore City Hospitals, Baltimore, Md.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 19 26 to Jan. 8, 19 26, that I last saw h. im alive on Jan. 7, 19 26 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Alcoholic Psychosis, Acute Manic Excitement

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) , M. D.

1/8/ 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shipped to Waterboro maine DATE OF BURIAL 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND
JAN 1 1926 ROBERT R. KRAUTER, Commissioner Health.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05582 — 90 — E 05582

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Ferguson

(a) Residence No. 238 W. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1851

7-AGE. 74 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). 040
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Baltimore City Hospitals Records
(Address)

15- Filed ..., 192 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 8, 1926

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1925 to Jan 8, 1926 that I last saw h~~im~~ alive on Jan 8, 1926 and that death occurred, on the date stated above, at 1:20 P.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic myocarditis
(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller M. D.

1/9, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ..., 19...

20-UNDERTAKER. ADDRESS

UNIVERSITY OF MARYLAND

JAN 11 1926

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 05583

1-PLACE OF DEATH E 05583 REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore City Hospitals (T.B.) ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Tucker

(a) RESIDENCE No. 1620 Jefferson st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) unknown

(c) Name of employer unknown

9 BIRTHPLACE (city or town)
(State or country) South Carolina

PARENTS

10 NAME OF FATHER Sam Tucker

11 BIRTHPLACE OF FATHER (city or town)
(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Maggie Scott

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) South Carolina

14 Informant Hospital Records
(Address) UNIVERSITY OF MARYLAND

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1925, to Jan. 7, 1926,

that I last saw him alive on Jan. 7, 1926,

and that death occurred, on the date stated above, at 7.15 p. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McCarty, M. D.

1-8-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JAN 12 1926

Spec.—1-10-21 M&T 1500 Bks.

E 05584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 74-001

E 05584

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 10 E Madison ST. 11-3 (WARD)

2-FULL NAME Roberta Ingegill Howard.

(a) RESIDENCE NO. 10 E Madison ST., WARD Balto Co. Md.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Howard.

6 DATE OF BIRTH (month, day, and year) Nov 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2 3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

PARENTS

10 NAME OF FATHER Oliver P. Ingegill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Chandlee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Harriet Ingegill
(Address) Gray Stone Blythewood Rd.

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/3, 1926, to 1/9, 1926, that I last saw h[illegible] alive on 1/9, 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Rupture of cerebral vessel

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Progressive

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

1/11, 1926 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Thomas' Garrison Forest Md. DATE OF BURIAL: Jan 12 1926

20 UNDERTAKER: Henry W. Watkins Sons ADDRESS: McCulloh & Orchard Sts

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 05585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05585

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Cotter

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD Washington D.C.

(Usual place of abode)

Length of residence in city or town where death occurred Since 1919 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
abt	64	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Washington D.C.
(State or country)

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (?)
(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (?)
(State or country) Not Known

14 Informant Records of Mt Hope Retreat
(Address) Avenue Md.

15 Filed ....., 19 Robert P. Harrison,
Registrar

JAN 1 1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10, 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 16th, 1919, to Jan. 10, 1926.

that I last saw him alive on Jan. 10, 1926

and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

abt (duration) 0 yrs. 0 mos 5 ds.

CONTRIBUTORY (Secondary) Paranoid Psychosis

Since 1886 (duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? New York

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Jan 12 1926

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05586 E 05586

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405-Mt. Royal-Ave. ST. 14-2 WARD)

2-FULL NAME CHARLES TAYLOR JENKINS

(a) RESIDENCE No. 1405-Mt. Royal-Av. ST., WARD

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? 72 yrs. 6 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Dimmock Jenkins

6 DATE OF BIRTH (month, day, and year) July-7-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Geo. Taylor Jenkins

11 BIRTHPLACE OF FATHER (city or town) Orange Co.

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Barroll

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Emily D. Jenkins (wife)

(Address) 1405-Mt. Royal-Av. City

15 Filed ....., 19 ..... Robert P. Harrison, Registrar

1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct ....., 1925, to Jan. 8, 1926,

that I last saw him alive on Jan - 8, 1926

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Endocarditis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.S.

(Signed) J. Stew S. Bishop, M. D.

, 19 (Address) 930 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: GREEN MOUNT CEMETERY — DATE OF BURIAL: Jan-12-1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05587 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91 of E 05587

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2423 E Lanvale ST. 8-V WARD)

2-FULL NAME Florence E Smoot

(a) RESIDENCE No. 2423 E Lanvale ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Wm H Smoot

6 DATE OF BIRTH (month, day, and year) March 16 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48		9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Alonza A Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF ~~MOTHER~~ Eliason

13 BIRTHPLACE OF ~~MOTHER~~ (city or town) (State or country) Baltimore

14 Informant Wm. H. Smoot
(Address) 2423 E Lanvale st

15 Filed ....., 19 ..... Robert P. Garrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1926, to Jan. 11, 1926, that I last saw her alive on Jan. 10, 1926, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) R. H. Isaacs, M. D.

, 19 (Address) 1851 E Biddle st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery. DATE OF BURIAL Jan 14 1926

20 UNDERTAKER Robt. T. Turner, Inc ADDRESS 1442 Bond

THIS is very important See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 05588 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05588

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (St.) 5-13 (Ward) 129

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James E. Stitcher

(a) Residence No. 2554 Penna Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1852

7-AGE. 74 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Stitcher

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Elizabeth Stitcher

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

11- (Informant) Baltimore City Hospitals Records

(Address)

15- Filed 192 Robert P. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 9, 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1925 to Jan. 9, 1926 that I last saw him alive on Jan. 9, 1926 and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis; Hypertension; Chronic Nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

1/11, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery. DATE OF BURIAL. Jan. 13, 1926

20-UNDERTAKER. Robt. T. Turner Inc. ADDRESS 1742 Broadway.

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 05589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05589

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 N. Paul St. ST., 11th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Elizabeth Pusch

(a) RESIDENCE NO. 1012 N. Paul ST., 11th WARD Port Deposit, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 mos. 1½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Pusch

6 DATE OF BIRTH (month, day, and year) 12-22-1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	—	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Port Deposit (State or country) Maryland

PARENTS

10 NAME OF FATHER John Joseph Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dauphin Co., Pa.

12 MAIDEN NAME OF MOTHER Augusta Gelmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co., Md.

14 Informant Sidney D. Stevens
(Address) Port Deposit, Md.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1926, to Jan 11, 1926, that I last saw her alive on Jan 8, 1926, and that death occurred, on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Acute cardiac, Dilitation—

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hypertension + arteriosclerosis (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? By visual examination

(Signed) Henry H. McCarty, M. D.

1-11, 1926 (Address) 1810 Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Port Deposit Harford Co Md	Jan 11 1926
20 UNDERTAKER	ADDRESS
John B Spence	1325 N. Caroline St

Spec.—1-10-21—M&T—1500 Bks.

E 05590

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05590

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1953 W. North Ave. ST. 15-12 WARD) 29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. L. Elizabeth Patterson

(a) RESIDENCE NO. 1953 W. North Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced, (write the word)~~: Widowed

5a If married, widowed ~~or divorced~~: ~~HUSBAND of~~ (or) ~~WIFE of~~ Joseph L

6 DATE OF BIRTH (month, day, and year) Dec 7 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44		1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) Easton

(State or country) Md.

PARENTS

10 NAME OF FATHER William L. Carpenter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant J. N. Roe

(Address) 2122 E. Alden W. Ba.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10th 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1926, to Jan 10th, 1926.

that I last saw h.. alive on Dec 6th, 1926.

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

ORV Nephritis with Dropsical effusion of Abdomen & Legs

(duration) 3 yrs. ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) Dilatation of Heart & Valvular insufficiency

(duration) 5 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? House

Did an operation precede death? No Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Exam. Albuminuria

(Signed) D. A. Waltrath, M. D.

, 19 (Address) 210 East Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easton Md

DATE OF BURIAL: Jan 11 1926

20 UNDERTAKER: Martin Fraley & Sons.

ADDRESS: 1827 W. North Ave

NOV 1 1926 Robert P. Harris Burial Permit Clerk

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05591 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05591

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq. Hospital REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., 4-V WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Hom Ling.

(a) RESIDENCE NO. 25 No. Liberty St ST., ... WARD New York
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND (or) WIFE of: Lee She

6 DATE OF BIRTH (month, day, and year): Unknown 1896

7 AGE: Years: 30 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: waiter

(b) General nature of industry, business, or establishment in which employed (or employer): in Restaurant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ~~U. S.~~ China

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Hom Ling (Address): 25 Liberty St

15 Filed ....., 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/9/26, 1926, to 1/9, 1926, that I last saw h. in alive on 1/9, 1926, and that death occurred, on the date stated above, at 11.35 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Cardiac Failure

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical - Lab.

(Signed) Louis Antopol, M. D.

, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: Jan 12 1926

20 UNDERTAKER: John Ottenschlaff | ADDRESS: 201 W. Fayette St.

1926 Burial Permit Clerk.

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05592

CERTIFICATE OF DEATH.

113 E 05592

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 Carroll St. 71-2 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Malachi B. Smith.

(a) RESIDENCE. No. 1340 Carroll St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		5 mo	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Malachi B. Smith, Sr

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Josie Rogers

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs Rosa Smith
(Address) 1340 Carroll

15 Filed ..... 19 ..... Registrar

1 1926 Robert T. Harrison Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1924, to Jan 10, 1926.
that I last saw him alive on Jan 10, 1926,
and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) John E. L. Compton, M. D.

, 19 (Address) 1405 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Md Mt Auburn Cem — DATE OF BURIAL: Jan 12th 1926

20 UNDERTAKER A. Jones — ADDRESS 1114 S Gilmor St

E 05593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05593

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St., 16-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew J. Connelly

(Residence in Baltimore: No. 932 N. Payson St. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.): Married

6-DATE OF BIRTH: Aug (Month) 27 (Day) 1855 (Year)

7-AGE: 70 yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Fire Dept

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: John Connelly

11-BIRTHPLACE OF FATHER, (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Ellen Meany

13-BIRTHPLACE OF MOTHER, (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J. A. Smith

(Address) 4962 Ferndale ave

15-

Filed ..... 192.. Robert P. Harrison, Registrar.

1926 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 9 (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Jan. 10, 192 6 (Address) 2862 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Jan 12 1926

20-UNDERTAKER, Overton Fahey & Son — ADDRESS 1827 North ave

Cor.—1-12-23—M&T—100 Bks.

E 05594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05594

CERTIFICATE OF DEATH.

8-2 118-006

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Bender

(a) RESIDENCE No. 1729 N Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward W. Bender

6 DATE OF BIRTH (month, day, and year) Nov 12/1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	27 28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Frank Vogel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Finch
(Address) 1729 N. Bradford

15 Filed 1926, 192 Robert P. Harrison, Registrar

Burial Permit Clark

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulated Ventral Hernia

(Operation At Hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

1/11/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 1-17 1926

20 UNDERTAKER E T B Hearle 115 E N[illegible] St — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 05595

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05595

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. David Ed. Taylor

(a) RESIDENCE NO. Patapsco Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Taylor

6 DATE OF BIRTH (month, day, and year) Feb 2 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	71	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md.

PARENTS

10 NAME OF FATHER Jessie Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md.

12 MAIDEN NAME OF MOTHER Emiline Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Md

14 Informant Wife. (Address)

15 Filed ....., 19 ..... Registrar

Robert P. Harrison, Chief Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 , 1926 . to Jan 11 , 1926 .

that I last saw him alive on Jan 11 , 1926 ,

and that death occurred, on the date stated above, at 12:40 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of duodenum.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage Right Side

(duration) yrs. mos. 8 hours.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Yes Date of Jan 8/26

Was there an autopsy? No

What test confirmed diagnosis? Operation - Clinical Symptoms

(Signed) E. M. Cook, M. D.

, 19 (Address) Maryland General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md.

DATE OF BURIAL 1-11 1926

20 UNDERTAKER E & B Herr 115 E Fayette St

ADDRESS

NOTE—It is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05596

CERTIFICATE OF DEATH.

89 E 05596

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 S. Ellwood Ave ST. 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oswald T. West

(a) RESIDENCE NO. 241 S. Ellwood Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina West

6 DATE OF BIRTH (month, day, and year) Sept 23. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mariner gb

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John F. West

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Wilhelmina Auschwitz (Address) 241 S. Ellwood Ave

15 Filed ..... 19 ..... Registrar

1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9. 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 , 1924 , to Jan 9 , 1926 , that I last saw him alive on Jan 9 , 1926 , and that death occurred, on the date stated above, at 2 45 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Lower Juncture (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Death

(Signed) D. Stamler, M. D.

1/9, 1926 (Address) 301 S Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cemetery — DATE OF BURIAL Jan 12 1926

20 UNDERTAKER Henry Sander & Sons Inc, — ADDRESS 1710 Fleet St.

INSTRUCTIONS Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05597

CERTIFICATE OF DEATH.

90 E 05597

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3502 Cedardale Rd. (St.) (Ward)

2-FULL NAME Elise Katherine Ranger

(a) RESIDENCE NO. 3502 Cedardale Rd. (St.) WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: H. August Ranger.

6 DATE OF BIRTH (month, day, and year): April 13. 1836

7 AGE — Years: 89 — Months: 8 — Days: 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Bremen Germany

PARENTS

10 NAME OF FATHER: ? Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. H. Wm. Ranger

(Address) 3502 Cedardale Rd.

15 Filed Jan 13 1926 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 19 26 to Jan 10 19 26

that I last saw h alive on Jan 10 19 26

and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jan 11 1926 F. Norwood, M. D.

(Address) 939 Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. — DATE OF BURIAL: Jan. 13. 26

20 UNDERTAKER: Wm. Hickner Sons — ADDRESS: North Ave

This is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05598

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Sharp Oak ST., 28-2 WARD)

2-FULL NAME Annie Patterson Lewis

(a) RESIDENCE NO. 3410 Sharp Oak ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. H Lewis

6 DATE OF BIRTH (month, day, and year): July 29, 1852

7 AGE: Years 73 | Months 5 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dorchester Co Md

PARENTS

10 NAME OF FATHER: Levin N. Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mr. George H Lewis

(Address): 348 Durham Oak Ave.

15 Filed ....., 19 .....

Robert P. Harrison, Registrar

1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1926, to Jan 10, 1926, that I last saw him alive on Jan 10, 1926, and that death occurred, on the date stated above, at 12 40 P m.

The CAUSE OF DEATH* was as follows:

Pyelitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) A. C. Summers, M. D.

Jan 1, 1926 (Address) 4509 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 13 1926

20 UNDERTAKER: Wm. J. Lechner & Sons — ADDRESS: North Ave

FROM a very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05599

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05599

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2555 Edmondson Ave. WARD) 20-3

2-FULL NAME Mary Eyre Thompson

(a) RESIDENCE No. 2555 Edmondson Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Thompson

6 DATE OF BIRTH (month, day, and year): May 5, 1854

7 AGE — Years: 71 — Months: 10 — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Burlington N. J.

PARENTS

10 NAME OF FATHER: David Eyre

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. J.

12 MAIDEN NAME OF MOTHER: Deborah E.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. J.

14 Informant: Mr. Lincoln R. Brown

(Address): 2555 Edmondson Ave.

15 Filed 1926, 19 — Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1925 to Jan 10 1926

that I last saw h alive on Jan 9 1926

and that death occurred, on the date stated above, at 9.55 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

& arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claus Schmuck, M. D.

1/11/26 (Address) 4706 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Jan 12 26

20 UNDERTAKER: Wm Tickner & Sons — ADDRESS: Rockets

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05600

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 3716 Yosemite ave ST. 15-K WARD)

2-FULL NAME Margaret b. Ward

(a) RESIDENCE No 3716 Yosemite ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 21-1853

7 AGE — Years: 72 | Months: 10 | Days: 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Pat. Wilkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ire.

12 MAIDEN NAME OF MOTHER: Mary Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ire.

14 Informant: Mary Brady

(Address): 3716 Yosemite ave.

15 Filed ..... 19 .....

Registrar

1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/5 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 20, 1925 to Jan 5, 1926

that I last saw h[illegible] alive on Jan 5, 1926

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

~~Abortion~~

Cardiac decompensation

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Auricular fibrillation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Daniel E Fuller, M. D.

, 1926 (Address) 326 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 1/12 1926

20 UNDERTAKER: E. J. Moran

ADDRESS 3000 E Baltimore

HOME is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 05601 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05601

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 E.25th St. ST., 9-3 WARD)

2-FULL NAME Lilly F.Macullar,

(a) RESIDENCE NO. 1628 E.25th St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James F.Macullar,

6 DATE OF BIRTH (month, day, and year) Jan.11.1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	59	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm.L.Riley,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary P.R.Rice,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs L.F.Macullar (Address) 1628 E 25th St

15 Filed ....., 19 ..... Robert F. Harrison, Registrar

1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec ., 1924 . to Jan 10 . 1926 .,

that I last saw h er alive on Jan 10 . 1926 ,

and that death occurred, on the date stated above, at 4:30 A .m.

The CAUSE OF DEATH* was as follows:

Carcinoma liver

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of May 1925

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) F. J. Kunzer, M. D.

1/26, 19 (Address) 2700 Hoffman Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL JAN 13 1926 19

20 UNDERTAKER Geo W Little ADDRESS EDMONDSON AVE.

HOW is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05602 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05602

CERTIFICATE OF DEATH.

89

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 N Fulton ave ST., 15-3 WARD)

2-FULL NAME Charles S. Morrow

(a) RESIDENCE No. 1811 N. Fulton ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Morrow

6 DATE OF BIRTH (month, day, and year) April 3, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Warsaw Elevator Co.

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Morrow

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Belle Morrow

(Address) 181 N. Fulton Avenue

15 Filed JAN 12 1926, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10" 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 15" 1925, to Jan 10" 1926, that I last saw him alive on Jan 9" 1926 and that death occurred, on the date stated above, at 9 20 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Abscess (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. R. Dorsett, M. D.

1/10, 1926 (Address) 1817 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL Jan. 11" 1926

20 UNDERTAKER Joseph D. Cook — ADDRESS 1003 W. Balto St.

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—4500 Bks.

E 05603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05603

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Virginia Harmony

(a) RESIDENCE No. Rockland, Maryland. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 19, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	7	22 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Fredwik Harmony

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rosie L. White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records

(Address) 33rd & Calvert Sts.

15 Filed JAN 12 1926 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 8, 1926, to Jan 10, 1926.

that I last saw her alive on Jan 10, 1926,

and that death occurred, on the date stated above, at 11.20 A m.

The CAUSE OF DEATH* was as follows:

General peritonitis following ruptured appendix

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Appendicitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? appendectomy Date of 1/8/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Clewell Howell, M. D.

1-11 1926 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Jan 13 1926
20 UNDERTAKER Joseph D. Cook	ADDRESS 1003 N. Balto

NOTE—Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 05604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05604

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2411 Elsinor Ave. ST., 15-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Kirchner

(a) RESIDENCE NO. 2411 Elsinor Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Kirchner

6 DATE OF BIRTH (month, day, and year) May 29, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Trainman 693

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Pennsylvania Railroad

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Christian Kirchner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Frey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant George W. Kirchner

(Address) 2411 Elsinor Ave.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1925, to Jan 10, 1926,

that I last saw h... alive on Jan 10, 1926,

and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Pr Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examn

(Signed) Joel Feldstein M. D.

1-11 1926 (Address) 2724 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Jan 13 1926

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Dallas

SEE INSTRUCTION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 05605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05605

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 N. Spring ST., 5-W WARD)

2-FULL NAME James Green

(a) RESIDENCE NO. 516 N. Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Maggie Green

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Willie M. Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Maggie Green

(Address) 516 N. Spring

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 - 1926

17 I HEREBY CERTIFY, That I attended deceased from 11 - 2 - , 1925, to 1 - 10 - , 1926, that I last saw h— alive on 1 - 9 - , 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvulitis

(duration) Dont know yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. H. Haagen, M. D.

1-11-1926 (Address) 611 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Albury cemetery — DATE OF BURIAL Jan 13 1926

20 UNDERTAKER Edward Bryan — ADDRESS 691 Orleans st

Spec.—1-10-21—M&T—1500 Bks.

E 05606

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05606

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1601 Youngs alley ST., 7-1 WARD)

2-FULL NAME Wright Coulcill

(a) RESIDENCE NO. 1601 Young's Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Not known)

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE 42	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Louisa Yorkman

(Address) 615 N. Bradford st

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10. 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1925, to Jan. 10, 1926, that I last saw him alive on Jan. 10, 1926, and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no - Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical.

(Signed) J. Joseph Toohey, M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery

DATE OF BURIAL 1 Jan 14 1926

20 UNDERTAKER Edward Boyson

ADDRESS 1681 orleans st

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Kruelle.

E 05607

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 05607

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 E Oliver St. 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophie Kruelle

(a) RESIDENCE NO. 2201 E Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Late Herman Kruelle

6 DATE OF BIRTH (month, day, and year) Jan 12, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Kruelle

(Address) 2201 E. Oliver St

15 Filed JAN 12 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10, 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1926, to Jan 10, 1926.

that I last saw her alive on Jan 9, 1926,

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elbert E. Ringwald, M. D.

1/11, 1926 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emmanuel Cemetery	Jan 12 1926
20 UNDERTAKER	ADDRESS
Thos C Miller & Son	2334 Jeffer

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 05608

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05608

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 10-09

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles Haddaway

(a) Residence No. 1010 S Decker Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1881

7-AGE. 05 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Policeman

(b) General nature of industry, business, or establishment in which employed (or employer). 061

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles Haddaway

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Faulkner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), ?

14- (Informant) Baltimore City Hospitals

(Address) Woods

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 9, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1926 to Jan 9 1926, that I last saw him alive on Jan 9 1926, and that death occurred, on the date stated above, at 10 50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

1/9, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Carmel Cem. DATE OF BURIAL. Jan 12, 1926

20-UNDERTAKER. Jno C. Miller & Son ADDRESS 2334 Jeff

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05609

E 05609

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. Mercy Hosp ST., 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sam. Brooks

(a) RESIDENCE NO. 1100 block E Lexington ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	03			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14
Informant .....
(Address)

15
Filed ..... 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to Natural death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Gundry, M. D.
(Coroner.)

Jan 10, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury	Jan 12 1926
20 UNDERTAKER John W Henderson	ADDRESS 1502 E Lexington

Spec.—1-10-21—M&T—1500 Bks.

05610

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 05610

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 S. Streeper ST. 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Frechlich

(a) RESIDENCE NO. 813 S. Streeper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Frechlich

6 DATE OF BIRTH (month, day, and year) Dec. 1, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 062

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Frechlich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Catherine Frechlich

(Address) 813 S. Streeper St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1925, to Jan 10, 1926, that I last saw h[illegible] alive on Jan 10, 1926, and that death occurred, on the date stated above, at 7 45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) None other

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symp

(Signed) C. L. Long M. D.

1-12-1926 (Address) 2701 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	Jan 14 1926
UNDERTAKER H. Sander Sons Inc	ADDRESS 1710 Eastern

Spec.—1-10-21—M&T—1500 Bks.

E 05611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 E 05611

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 305 S. Eden St ST., 3-V WARD)

2-FULL NAME Rose Wagenheim

(a) RESIDENCE NO. 305 S Eden St ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses Wagenheim

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 85 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): old age

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Joseph Wagenheim

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): David Wagenheim 305 S Eden St

15 Filed ..... 19 .....
JAN 12 1926 ROBERT R. KRAUTER, Registrar
Number Found Certificate

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926 to Jan 11, 1926; that I last saw h[illegible] alive on Jan 7, 1926; and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Dementia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chronic Bronchial Asthma (duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy ex

(Signed) L. M. Lampkin M. D.

1/12 1926 (Address) 826 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hebrew Rom

DATE OF BURIAL: 1/12 1926

20 UNDERTAKER: Jack Levis

ADDRESS: 1439 E Balt St

Spec.—1-10-21—M&T—1500 Bks.

E 05612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1329 E 05612

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Mercy Hospital St. 21-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosalia Klug.

(a) RESIDENCE No. 528 Beaumont Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed, or Divorced~~ (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 28-1879

7 AGE Years 46. Months 4 Days 14 If LESS than 1 day, hrs. or min. 13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Wm J. Klug

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Louie A. Hopp

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant C.A. Kuker

(Address) 528 Beaumont Ave Govans

15 Filed JAN 21 1926, 19 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-5-, 1926, to 1-11-, 1926

that I last saw her alive on 1-11-, 1926

and that death occurred, on the date stated above, at 9 45 a. m.

The CAUSE OF DEATH* was as follows:

1 Uterine Fibroids (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital Balto - 1-8-26 - Yesterday 1-11-26

Did an operation precede death? yes Date of 1-7-26 1-11-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Op.

(Signed) [illegible] M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem Govans

DATE OF BURIAL 1/14 1926

20 UNDERTAKER Chas Pitrone & Son

ADDRESS 1181 W Mt Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05613

CERTIFICATE OF DEATH.

16 1-001
E 05613

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 12-4 WARD)

2-FULL NAME Mary Connolly.

(a) RESIDENCE NO. 314 S. 26 St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	child.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	10 2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child - none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Francis Connolly

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Blatchley

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... , 19 .....
ROBERT R. KOONTZ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9th, 1926, to Jan. 11th, 1926, that I last saw her alive on Jan. 11th, 1926, and that death occurred, on the date stated above, at 9 AM m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) Alexander Schaffer, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Jan 12 1926

20 UNDERTAKER William Cook — ADDRESS 502 E Madison

HOW IS very important. See instructions on back of certificate.

South 0931 Seabury 636 Fork E

Spec.—1-10-21—M&T—1500 Bks.

E 05614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90E 05614

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 938 West Fayette St. 18th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Smith

(a) RESIDENCE No. 938 West Fayette St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Smith

6 DATE OF BIRTH (month, day, and year): April 8 1843

7 AGE: Years 82 Months 9 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist 031

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Bartlett & Hayward

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: J. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Laura Dotson

(Address) 938 West Fayette

15 Filed ..., 19 ... Registrar

ROBERT R. KRAMER

JAN 2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-9- 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 21, 1925 to Jan 9, 1926.

that I last saw h— alive on Dec 31, 1925

and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation.

(duration) few yrs. years mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Wm. T. Seabury, M. D.

1-10-1926 (Address) 636 Fork Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U. S. National Cemetery

DATE OF BURIAL: 1/12 1926

20 UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

TION IS very important. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Blks.

Dr Lantsch.

E 05615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05615

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2654 Frederick St. 20-6 WARD)

2-FULL NAME Martha A. Kuhn

(a) RESIDENCE NO. 2230 Wilkens Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Kuhn

6 DATE OF BIRTH (month, day, and year) July 7 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	77	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wm Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sam E Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant John Kuhn

(Address) 2230 Wilkens Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11-1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 11, 1926, that I last saw h.. alive on Jan 11, 1926, and that death occurred, on the date stated above, at 1130 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Arteriosclerosis;

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Norbert C Kutsch M. D.

1/11/1926 (Address) 2651 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 1/14 1926

20 UNDERTAKER Wm Cook

ADDRESS 507 E Lexington

Burial Permit Clerk

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05616

CERTIFICATE OF DEATH.

18-003

E 05616

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hahnemann Memorial Hospital ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora E. Gabel

(a) RESIDENCE NO. 96 W. Mosher ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emil Gabel

6 DATE OF BIRTH (month, day, and year): December

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer

9 BIRTHPLACE (city or town) Chicago Ill.
(State or country)

PARENTS

10 NAME OF FATHER O. Ackley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ohio

12 MAIDEN NAME OF MOTHER Sarah Snell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ohio

14 Informant C. Malcolm Gabel
(Address) Woodsend Smith Road

15 Filed ....., 192 .....
Registrar

JAN 12 1926
Baltimore City

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Injuries from Auto Accident

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Monroe, M. D.
(Coroner.)

Jan 11, 1926 (Address) 7632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forrana Cemetery	1/12 1926
20 UNDERTAKER Wilhelm Bock	ADDRESS 21 E Ross

Cor.—1-12-23—M&T—100 Blks.

E 05617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05617

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. mun ST., 123 WARD)

2-FULL NAME Wm H Simms

(a) RESIDENCE NO. 2413 Campbell ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Simms

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cuts drugs
(b) General nature of industry, business, or establishment in which employed (or employer) Drugs
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER W. J. Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER C. Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mabel Simms (Address) 2413 Campbell

15 Filed ....., 192 ..... Registrar

ROBERT R. KRAUTER, JAN 12 1923 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1923

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

Secondary Acute Dilatation

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) ..... M. D. (Coroner.)

Jan 10, 1923 (Address) 10 N Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 1/12 1923

20 UNDERTAKER Samuel Hemsley — ADDRESS 1528 Baker

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05618 — CERTIFICATE OF DEATH. — 90 E 05618

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1804 Baker St. 15-12 (Ward) — REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME R. Rose Ott.

(a) RESIDENCE NO. 1804 Baker ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Jacob Ott

6 DATE OF BIRTH (month, day, and year) Nov 6, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	51	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Frederick Co. (State or country) md.

PARENTS

10 NAME OF FATHER John M. Birley

11 BIRTHPLACE OF FATHER (city or town) Frederick (State or country) County Md.

12 MAIDEN NAME OF MOTHER Elizabeth Ansperger

13 BIRTHPLACE OF MOTHER (city or town) Frederick (State or country) Co. Md.

14 Informant Jacob Ott (Address) 1804 Baker St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 30, 1925, to Jan 11, 1926, that I last saw h[illegible] alive on Jan 11, 1926, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma.
Myocarditis Chronic

(duration) 1 yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E. H. Donelan, M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Jan 13 1926

20 UNDERTAKER Josiah Lyles

ADDRESS 1600 W. Mo[illegible]

FOR A very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05619

CERTIFICATE OF DEATH.

E 05619

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Fred Ave ST. 14-1 WARD)

REGISTERED NO. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Juliana Fischer

(a) RESIDENCE No. 1619 Fred Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. ~~11 mos.~~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Fischer

6 DATE OF BIRTH (month, day, and year) July 12-1836

7 AGE — Years: 89 Months: 5 Days: 29 (28) If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): ditto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Carol Felchk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Juliana Joseph

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Ursula Martynia

(Address) 3317 Eggleston Road

15 Filed ..... 19 .....

ROBERT R. KRAUTER, Registrar

JAN 2 1926

BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10 1926

17 I HEREBY CERTIFY, that I attended deceased from June 10, 1925, to January 9, 1926

that I last saw her alive on January 9, 1926

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Inoperable Carcinoma Breast

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lymphatic Metastasis (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Theo Kaldeway M. D.

Jan 12 26 (Address) 1400 W Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 13 1926

20 UNDERTAKER: Josiah Syfer

ADDRESS: 1600 W Pratt

TION IS very important. See instructions on back of certific

Spec.—1-10-21 M&T 1500 Blks.

E-05620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-1-111-002

E 05620

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., (WARD) Treat Patient Under

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl Ayers Folker

(a) RESIDENCE NO. 1732 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Leo H. Folker

6 DATE OF BIRTH (month, day, and year) July 17 - 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52 yrs	5 mos	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert T. Ayers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Leo H. Folker

(Address) 1732 N. Monroe

15 Filed ....., 19 .... Registrar

ART 2 1926 ROBERT R. KRAUTER, Health Commissioner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1925 to Jan 10, 1926, that I last saw her alive on Jan 10, 1926, and that death occurred, on the date stated above, at 10 A.m.

The CAUSE OF DEATH* was as follows:

Duodenal ulcer (bleeding)

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Gastric Hemorrhage (post-Operative) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of Jan 7, 1926

Was there an autopsy? no

What test confirmed diagnosis? Phy. Exam + Operation

(Signed) J. Ogle Warfield, Jr. M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jan 12 1926

20 UNDERTAKER W M Routson — ADDRESS 2238 W North

(over)

Spec—12-23-21—E.B.R.S.—400 Blks.

E 0562[illegible] HEALTH DEPARTMENT—CITY OF BALTIMORE 91-002

CERTIFICATE OF DEATH.

E 0562[illegible]

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1809 N. Rutland Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine M. Blessing

(a) Residence No. 1809 N. Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S., if of foreign birth? 75 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced, the HUSBAND of (or) WIFE of the late Charles L. Blessing

6-DATE OF BIRTH (month, day and year) January 23 1844

7-AGE. 81 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Godtke

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Not Known

14- (Informant) Mrs. Lena M. Blessing

(Address) 1809 Rutland Ave

15-

Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 11 1926

17- I HEREBY CERTIFY, That I attended deceased from Jany 8th 1926 to Jany 11th 1926

that I last saw h[illegible] alive on Jany 10th 1926

and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Cannot say definitely

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac

(Duration) ....yrs. ....mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Jany 12 1926 (Address) 1507 E. Eager St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cemy DATE OF BURIAL. Jan. 14 1926

20-UNDERTAKER, Henry Adreck Son ADDRESS 1541 E Eager St

Spec. 12-23-25—5,000—400 Bks.

E 05622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05622

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1226 E. Chase St. (Ward) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Margaret S. Streb

(a) Residence No. 1226 E Chase St., 10 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. — mos. — ds. How long in U. S., if of foreign birth? 76 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Streb

6-DATE OF BIRTH (month, day and year) November 28 1849

7-AGE, 76 yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Germany

PARENTS.

10-NAME OF FATHER, George Kellermann

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Schoenleber

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Germany

14- (Informant) Mrs. Elizabeth Bauer

(Address) 1226 E. Chase St

15-

Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 11 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1925 to Jan 11 1926

that I last saw her alive on Jan 10 1926

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

1 Carcinoma of liver

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W. White Jr M. D

1/11 1926 (Address) 2800 St Paul St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cemetery — DATE OF BURIAL. Jan. 14 1926

20-UNDERTAKER, Henry Hoeck Son — ADDRESS 1301 E Eager St

(McDonald)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05623 E 05623

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 2215 Huntingdon St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Micheal J. Mcdonal

(Residence in Baltimore: No. 2215 Huntingdon Ave St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

6-DATE OF BIRTH. Dec 25 1870
(Month) (Day) (Year)

7-AGE. 55 yrs. mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of Industry, business, or establishment in which employed (or employer)..... United R.R.

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha McDonald

(Address) 2215 Huntingdon Ave

15-

Filed..... 192.. ROBERT F. STRAUSS, Burial Permit Clerk

JAN 12 1926

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9. 192.6
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above; held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows

Valvular disease of heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Morrison M. D.
(Coroner.)

Jan 11 192.6 (Address) 3632 Boston Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. St Marys ~~Hum~~ DATE OF BURIAL. Jan 12 1926

20-UNDERTAKER. Chenowith & Son ADDRESS 3617 Chestnut Ave

Cor.—1-12-23—M&T—100 Bks.

E 05624

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05624

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Patapsco St. ST. 23-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Balsamo.

(a) RESIDENCE NO. 1226 Patapsco St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 25 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow.

5a If married, widowed, or divorced
~~HUSBAND of~~ ~~XXXXXXX~~
(or) WIFE of Michael Balsamo.

6 DATE OF BIRTH (month, day, and year) December 8, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	1	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER August Scalio.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Santa Demma.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Frank Balsamo. (son)
(Address) 1226 Patapsco St.

15 Filed ..... 192 ..... Registrar

JAN 12 1926 ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M Reinhardt, M. D.
(Coroner.)
Jany. 11, 1926 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New cathedral cem	Jan 13 1926
20 UNDERTAKER Robert Brookerson	ADDRESS Calhoun Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

E 05625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05625

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 E. Biddle ST. 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. H. Duncan

(Residence in Baltimore: No. 622 E. Biddle St.: 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Widower

6-DATE OF BIRTH, Sept 20, 1845
(Month) (Day) (Year)

7-AGE. 78 yrs. 8 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). 00

9-BIRTHPLACE, (State or Country), Hillsdale, Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irving C. Brown

(Address) 214 N. Charles St.

15-

Filed JAN 12 1926, 191.. HOBART R. KRAUDER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 8 1926, to January 11, 1926, that I saw h[illegible] alive on January 11, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Emphysema

(Duration) yrs. mos. 4 ds.

(Signed) Knight Forsythe M. D.

January 11, 1926. (Address) 424 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Willard. Eastern Shore Md

DATE OF BURIAL, Jan 13, 1926.

20-UNDERTAKER Robert Brookerson

ADDRESS Cor Calhoun Hollins Sts

Spec.—1-12-23—M&T—500 Bks.

E 05626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05626

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city Hospitals ST. 21-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ned Grimes

(a) RESIDENCE No. 1235 Bayard st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Grimes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Eliza Bone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1925 to Jan. 10, 1926, that I last saw him alive on Jan. 10, 1926, and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Spontaneous pneumothorax

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) W. McFarland M. D.

1-10-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Jan 14 1926

20 UNDERTAKER David Carlson — ADDRESS 916 Ba ore

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05627 HEALTH DEPARTMENT—CITY OF BALTIMORE 05627

74-001

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Division ST.; 17 WARD)

2-FULL NAME Hattie Moore

(a) RESIDENCE. NO. 1020 Wilmer ave ST., WARD.....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Worked at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard County Md.

12 MAIDEN NAME OF MOTHER Hannah Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard County Md.

14 Informant Chas J Keller
(Address) 222 W Lanvale St

15 Filed ....., 19 ..... Registrar

JAN 12 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1925, to Jan 10, 1926.

that I last saw h... alive on Jan 9, 1926.

and that death occurred, on the date stated above, at 1015 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
with hemiplegia

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Anemia

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Phys. Exam —

(Signed) Chas. J. Keller M. D.

1/13, 19 26 (Address) 222 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
MT Auburn Cem	Jan 14 1926
20 UNDERTAKER David Everson	ADDRESS 916 Park ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05628

CERTIFICATE OF DEATH.

1926 05628

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1024 Shields Al ST. 17-V WARD)

2-FULL NAME William H. Denby

(a) RESIDENCE NO. 1024 Shields Al ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ellis City Md

PARENTS

10 NAME OF FATHER: William H Denby

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: H. Lorraine Glenn

(Address) 1024 Shields Al

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1926, to Jan 11, 1926.

that I last saw him alive on Jan 11, 1926,

and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis & nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Byrne

(Signed) John Blakey, M. D.

, 19 (Address) 103 Dorsey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Jan 14 1926

20 UNDERTAKER: Wm Eareckson

ADDRESS 916 Park Ave

JAN 12 1926

Spec.—1-12-23—M&T—500 Bks.

Harry

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 05629

CERTIFICATE OF DEATH.

E 05629

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city Hospitals (C.H.) ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Harry

(a) RESIDENCE NO. 400 W. Gilmor st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Harry

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Hampton Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Mary Isink

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records (Address)

15 Filed , 19 Registrar

Released from Bay View 1-10-26.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8, 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1925, to Jan. 8, 1926, that I last saw her alive on Jan. 8, 1926, and that death occurred, on the date stated above, at 5.55 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible] M. D.

1-9-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crimmins & Co. DATE OF BURIAL Jan 13 1926

20 UNDERTAKER [illegible] ADDRESS 64 ave

Burial or Cremation 1-14-26.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05630

CERTIFICATE OF DEATH.

101-001 E 05630

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3807 Belle Ave St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Philip P Schawlow

(a) Residence No. 3807 Belle Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny Schawlow

6-DATE OF BIRTH (month, day and year) April 6 1885

7-AGE, 40 yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Jewelry Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)..... 866

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Riga Russia

PARENTS.

10-NAME OF FATHER, Sebastian Schawlow

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Rosa Lippmann

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant)..... Mrs. Mat Cohen

(Address)..... 2326 W. North Ave

15- Filed....., 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 11/26.

17- I HEREBY CERTIFY, That I attended deceased from Jan 3, 1926, to Jan 10, 1926, that I last saw h[illegible] alive on Jan 10, 1926, and that death occurred, on the date stated above, at 11 Pm a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation - Acute

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?..... No

What test confirmed diagnosis? Physical Examination

(Signed) I Harry Linden M. D.

, 19 (Address) 24/21 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cemetery

DATE OF BURIAL, Jan 14 1926

20-UNDERTAKER, Goldmans + Co

ADDRESS 331 Pennsylvania Ave

JAN 12 [illegible]

Spec—12-23-21—E.B.R.S.—400 Blks.

E 05631

HEALTH DEPARTMENT—CITY OF BALTIMORE

41 E 05631

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Patrick Ryan

(a) Residence No.. Fayette and High St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~over~~ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1859

7-AGE. 66 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Ryan

11-BIRTHPLACE OF FATHER (city or town) Ireland (State or Country),

12-MAIDEN NAME OF MOTHER, Anna Ryan

13-BIRTHPLACE OF MOTHER (city or town)... Ireland (State or Country),

14- (Informant) Baltimore City Hospitals Records

(Address).....

15- Filed..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 6, 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1925 to Jan. 6, 1926 that I last saw him alive on Jan 6, 1926, and that death occurred, on the date stated above, at 1:40P m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicemia

(Duration) yrs. mos. 10 (History) ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) Winthrop Miller M. D.

1/9, 1926 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Sacred Heart	1/12, 1926
20-UNDERTAKER,	ADDRESS
D. J. Fahey Sons	317 Eight St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05632

101-001

E 05632

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. ..... St., 76-7 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Mike McGillian

(a) Residence No.... Bay View ..... St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1860

7-AGE 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town)..... (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Mike McGillian

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary McGillian

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ireland

11- (Informant) Baltimore City Hospitals Records

(Address) .....

15- Filed ....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 10, 1926

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1925 to Jan. 10, 1926 that I last saw him alive on Jan 10, 1926 and that death occurred, on the date stated above, at 11:35 A.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) Dr. Lindsay Miller M. D.

1/11/26 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Sacred Heart	1/12, 1926
20-UNDERTAKER.	ADDRESS
J. J. Fahey Sons	1318 Light St

Spec.—1-10-21—M&T—1500 Blks.

E 05633

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05633

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital ST., 12 WARD)

REGISTERED NO. 16001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Krause

(a) RESIDENCE NO. 407 North Glover ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) Jan 10. 1926

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —— 0

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Fred. Jr. Krause

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Amanda Schoof

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant John Fraser (Address) 410 N. Glover St

15 Filed ....., 19 ..... Registrar

21926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 11, 1926

that I last saw h— alive on Jan 11, 1926

and that death occurred, on the date stated above, at 10:40 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

Tetany

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas A Townsend, M. D.

, 19 (Address) 1109 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Most Holy Redeemer DATE OF BURIAL Jan 12 1926

20 UNDERTAKER Wendell & Heppel (Inc) ADDRESS 37 S. Gaud St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05634 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05634

31

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 E. Biddle St. St. 113 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen J. Oyer

(a) RESIDENCE. No. 327 E. Biddle St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Oyer

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	3	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Sweeney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen P. Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John R. Oyer (Address) 2065 S. Decker Ave

15 Filed ..... 19 ..... Registrar

2925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from August, 1925, to Jan. 9, 1926 that I last saw h alive on Jan. 9, 1926 and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No (Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. T. Hennessy, M. D.

1926 (Address) 2702 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 13 1926
20 UNDERTAKER	ADDRESS
E. A. Wiedefeld Jr	504 E 22

Spec.—1-10-21—M&T—1500 Bks.

E 05635

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05635

CERTIFICATE OF DEATH.

126

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harlan Wright.

(a) RESIDENCE NO. 180, St Paul St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single, Married, Widowed, ~~or Divorced, (write the word)~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May 11 1921

7 AGE Years 4. Months 8. Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ———

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. M. Wright

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Canada

12 MAIDEN NAME OF MOTHER Mon Wheeler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto.

14 Informant Rose Wright
(Address) 180 St Paul St

15 Filed , 19 Robert P. Garrison
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/ 1926

17

I HEREBY CERTIFY, That I attended deceased from 1-9- , 1926 , to 1-11 , 1926.

that I last saw h alive on 1-11- , 1926

and that death occurred, on the date stated above, at 1.50 a. m.

The CAUSE OF DEATH* was as follows:

Pneumococcic Peritonitis

(duration) yrs. mos 4. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 1/10/26
Exploratory + drainage.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical, Op.

(Signed) H. Bruce Scott, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Jan 13 1926

20 UNDERTAKER Jo. A. Windsor Jr. ADDRESS 501 E Lex

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05636 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05636

CERTIFICATE OF DEATH.

15-44

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3812 Bonner Road Forest St., Park Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary P. Hartzell

(a) Residence No. 3812 Bonner Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Hartzell

6-DATE OF BIRTH (month, day and year) Dec. 31 184[illegible]

7-AGE. 78 yrs. 0 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Pfisterer

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Theresa Steiner

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country). Germany

14- (Informant) Mrs. Emma M. Hobbs

(Address) 3812 Bonner Road

15- Filed ..... 192.. Robert F. Harrison Registrar.

1 2 1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 11, 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925 to Jan 11, 1926 that I last saw h[illegible] alive on Jan 11, 1926 and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Wm G. Lucas, M. D.

1/12, 1926 (Address) 350 Garrison Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	1/13, 1926

20-UNDERTAKER.	ADDRESS
Henry C. Spears and Son	805 N. Calvert

Cor.—1-12-23—M&T—100 Bka.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05637

E 05637

100-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 S. Ann ST. 7-V WARD)

2-FULL NAME Mary Krol.

(a) RESIDENCE NO. 620 S Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Krol

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	73			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Ida Lasek (Address) 620 S Ann

15 Filed ....., 192 Robert P. Harrison, Registrar

2-2-1926 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James W Fenton, M. D. (Coroner)

Jan 11, 1926 (Address) Todd & Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL Jan 14. 1926.

20 UNDERTAKER M. J. Sadowski. ADDRESS 705 S. Ann

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05638

CERTIFICATE OF DEATH.

5 E 05638

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 455 Augusta Ave. ST., Irvington W. 1 WARD)

2-FULL NAME Elizabeth A. Gordon

(a) RESIDENCE NO. 455 Augusta Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
80	Years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER James Pryor Williamson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) not known

12 MAIDEN NAME OF MOTHER Harriett Reid

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) not known

14 Informant J. Pryor Williamson,
(Address) 116 N. Franklin St.
Wilkes-Barre, Pa.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN. 11th 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 13th, 1925, to Jan 11th, 1926, that I last saw h[illegible] alive on January 11th, 1926, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Rheumatoid Arthritis

(duration) 15 yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas L. Sheare, M. D.

1.12.1926 (Address) 905 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem.

DATE OF BURIAL Jan 13th 1926

20 UNDERTAKER Henry W. Jenkins & Sons. Cor

ADDRESS Orchard & McCulloh St

1926 Burial Permit Clerk

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05639 E 05639

CERTIFICATE OF DEATH. 181-009

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 21 E. Lexington St. ST. 4-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Libertini.

(a) RESIDENCE NO. 211 E. Preston St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? 17 yrs. ---mos.--- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 14, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	3	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Louis Libertini.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Maria Barbina.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Louis Libertini. (Father)
(Address) Belair Rd. Fullerton.

15 Filed Jan 12 1926 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 9, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nitrous Oxide Gas Poisoning administered as an anesthetic for the extraction of teeth

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Accidental Death.

(duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt (Coroner.), M. D.

Jany. 11, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... da. In the State ... yrs., ... mos., ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph's Cemetery

DATE OF BURIAL 1/13 1926

20 UNDERTAKER George J. Ruth

ADDRESS 1730 Harford Ave

Cor.—1-12-25—M&T—100 Bks.

E 05640

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05640

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 3 W. Randall St. ST. 73-2 WARD)

2-FULL NAME William J. Elliott.

(a) RESIDENCE NO. 3 W. Randall St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, widowed or divorced
HUSBAND of Mary Elliott.

6 DATE OF BIRTH (month, day, and year) October 9, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	3	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Huckster
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Elliott.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Albert.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mary Elliott. (wife)
(Address) 3 W. Randall St.

15 Filed ..... 192 Robert P. Harrison, Registrar
21926
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion.

Acute dilatation of the Heart.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Jany. 11, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	Jan 14 1926
20 UNDERTAKER	ADDRESS
A. Edward Evans	38 S. Fort Ave

Spec.—1-10-21—M&T—1500 Blks.

E 05641

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05641

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1135 Hanover St. ST., 9-3 WARD)

2-FULL NAME Jesse Rhinehart

(a) RESIDENCE NO. 1135 Hanover St ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine

6 DATE OF BIRTH (month, day, and year) Aug 16 1842

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
83	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired do

(b) General nature of Industry, business, or establishment in which employed (or employer) Car Works

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John M. Rhinehart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mariah Stone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ella L. Rhinehart
(Address) 1135 Hanover St

15 Filed ....., 19 .....
Registrar

21925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 1 , 1926 to Jany 11 , 1926 .

that I last saw him alive on Jany 10 , 1926

and that death occurred, on the date stated above, at 12-30 P. m.

The CAUSE OF DEATH* was as follows:

Senility & old age
and Heart disease

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Heart disease

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) Hyman Nathan, M. D.

Jany 11 1926 (Address) 1617 Goodman Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National

DATE OF BURIAL Jan. 14 1926

20 UNDERTAKER Wm Cook

ADDRESS 602 E. North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05642

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals. 24-7 Registered No.....

City of BALTIMORE: (No. Baltimore, Md. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonia Frenzer.

(a) Residence No. 521 S. 14th St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female,

4-COLOR OR RACE: white,

5-Single, Married, Widowed, or Divorced, (Write the word.): married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1890.

7-AGE: 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework, 07

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): New York City, N.Y.

PARENTS.

10-NAME OF FATHER: Aloise Antonia.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Bohemia.

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Bohemia.

14-

(Informant): Hospital Records.

(Address): Baltimore City Hosp.

15-

Filed ....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 12/26

17- I HEREBY CERTIFY, That I attended deceased from 12-26-25, 19..., to 1-12-26, 19..., that I last saw h.. alive on 1-12-26, 19..., and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Far advanced carcinoma of the right breast, with metastases.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Terminal Broncho Pneu.

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug., 1925

Was there an autopsy? No.

What test confirmed diagnosis? Clinical and Lab.

(Signed) Ira P Champe M. D.

, 19 (Address) Baltimore City Hosp.

Radical breast.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: Jan 15, 1926

20-UNDERTAKER: Williamboch Sons

ADDRESS: E North Ave

Mark P. Harrison,

71926

Burial Permit Clerk.

Cor.—1-12-21—M&T—100 Bks.

E 05643

HEALTH DEPARTMENT—CITY OF BALTIMORE

1901 E 05643

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward S. Smith Jr

(a) RESIDENCE NO. 1134 Montpelier ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3/c yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): April 5/1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	9	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md

PARENTS

10 NAME OF FATHER: Erward S. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md

12 MAIDEN NAME OF MOTHER: Florence Frey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto., Md

14 Informant: Edward S Smith
(Address): 1134 Montpelier St

15 Filed ... 192 Robert P. Harrison, Registrar
2-1926 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11/20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Hemorrhagic Purpura Eruption)
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

(Signed) J. S. S. Wolters, M. D.
(Coroner.)

1/12/20, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: 1/13 192 6

20 UNDERTAKER: William Cook — ADDRESS: 502 E North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05644

E 05644

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH St Josephs Hospital

REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST. 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary G. Althoff

(a) RESIDENCE NO. 2609 Hampden ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George F Althoff

6 DATE OF BIRTH (month, day, and year) Feb 1 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Emmitsburg Md

PARENTS

10 NAME OF FATHER George W Sanders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Geo. W Althoff

(Address) 2609 Hampden Ave

15 Filed ....., 19 .....

Registrar

Burial Permit C...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/10, 1926, to 1/12, 1926, that I last saw her alive on 1/12, 1926, and that death occurred, on the date stated above, at 6:00 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus -

Gangrene of foot

Chronic nephritis -

about (duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia -

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Clement R. Wilmore, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmitsburg Md — DATE OF BURIAL Jan 14 1926

20 UNDERTAKER William Cook — ADDRESS 502 E Pratt Ave

Spec.—1-12-23—M&T—500 Bks.

E 05645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05645

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 S. Hanover ST. 27-2 WARD)

2-FULL NAME Mary M. Hoopfer

(a) RESIDENCE No. 309 S. Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William O. Hoopfer

6 DATE OF BIRTH (month, day, and year) Sept-9-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boarding House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

PARENTS

10 NAME OF FATHER Daniel Schroyer

11 BIRTHPLACE OF FATHER (city or town) Frederick Co. (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Eliz Thompson

13 BIRTHPLACE OF MOTHER (city or town) Frederick Co. (State or country) Maryland.

14 Informant Carrie L. Krebs

(Address) 5016 Wilson ave

15 Filed ....., 19 .....

Robert P. Harrison, Registrar

2 1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-11 19 26

17

I HEREBY CERTIFY, That I attended deceased from 1/2, 19 26, to 1/11, 19 26,

that I last saw h[er] alive on 1/10 19 26

and that death occurred, on the date stated above, at 4 45 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 10 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) — yrs. — mos. 21 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? none

(Signed) Dr. Francklin, M. D.

1/11, 19 26 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem. Frederick, Md	Jan 14 1926
20 UNDERTAKER	ADDRESS
Wm J. Fickner & Sons	North Gate

Spec.—1-10-21—M&T—1500 Bks.

E 05646

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05646

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 S. Rose Street ST. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael • Balcerak

(a) RESIDENCE NO. 602 S. Rose Street ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? 40 Mt Pleasant Pa ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary Balcerak

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Mrs. Mary Wisniewski Daughter

(Address) 602 S. Rose Street

15 Filed ..... 1926 ..... 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-2 ..... 19 ..... to 19 26

that I last saw h..... alive on ..... 19 .....,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterial Degeneration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edward [illegible], M. D.

, 19 (Address) 1525 Pet Pleas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Jan 13 1926

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

5647
E 05647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 11 E 05647

1-PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. Maryland General Hospital St. Broadway, (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harvey B. Caple.

(a) RESIDENCE NO. Fairfield Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 27-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	54	9 8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Sandyville (State or country) Md.

PARENTS

10 NAME OF FATHER Hesikiah Coale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Bush

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sister
(Address)

15 Filed ..... 19 .....

JAN 13 1926 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 .1926. to Jan 12 .1926.
that I last saw him alive on Jan 12 .1926;
and that death occurred, on the date stated above, at 10:20 p m.

The CAUSE OF DEATH* was as follows:

Gangrenous appendix
Peritonitis diffuse
(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus adhesions
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Jan 10/26

Was there an autopsy? no

What test confirmed diagnosis? Operation-Clinical

(Signed) E L Woods, M. D.

, 19 (Address) Maryland General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md | DATE OF BURIAL 1-13 1926

20 UNDERTAKER Earl B Hartz 115 | ADDRESS E Main St

Spec.—1-10-21—M&T—1500 Bks.

E 05648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 05648

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 n Roland Ave ST. 27-6 WARD)

2-FULL NAME Ruby Pauline Schroeder

(a) RESIDENCE NO. 7 n Roland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gustav Xavier Schroeder

6 DATE OF BIRTH (month, day, and year): Dec 22nd 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Burger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Ashman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mario S Wagner

(Address): 72 Roland Ave

15 Filed ..... 19 ..... Registrar

JAN 13 1926 ROBERT R. KRAETER, CITY REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1925 to Jan. 11 1926.

that I last saw her alive on Jan 11 1926,

and that death occurred, on the date stated above, at 11 55 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lungs

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Carcinoma of Breast

(duration) 7 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May-1918

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Homer C Dodd, M. D.

1/12, 1926 (Address) 235 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk Cem — DATE OF BURIAL: Jan 13 1926

UNDERTAKER: Wm J Fishnor & Sons — ADDRESS: North Pa

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05649 46 ✓ E 05649

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 2201 N. Calvert St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Viola Warner Spear

(a) Residence No. 2201 N. Calvert St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, DIVORCED (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 19, 1873

7-AGE. 52 yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town). Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John W. Warner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, May Bowers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Maryland

14- (Informant) Henry W. Beaty
(Address) Frederick Road, Catons.

15- Filed....., 192.... Registrar.

JAN 3 1926 ROBERT M. KRESS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 12th 1926

17- I HEREBY CERTIFY, That I attended deceased from June 10th, 1925 to Jan 12th, 1926
that I last saw h.e alive on Jan 12th, 1926
and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix uteri

(Duration) yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) Senile Exhaustion

(Duration) yrs. 2 mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 1925

Was there an autopsy? No

What test confirmed diagnosis? Jaschaud

(Signed) 1300 N. Calvert St M. D.

Jan 12, 1926 (Address) 1300 N Calvert St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park Cemetery — DATE OF BURIAL, 1/14, 1926

20-UNDERTAKER. Henry W. Spears and Son — ADDRESS 505 N. Calvert

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05650

101-001

E 05650

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 4208 Wickford Rd. ST.: 7 7-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie A. Fleming

(a) RESIDENCE. No. 4208 Wickford Rd. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Wht.	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Dr Geo. A. Fleming.

6 DATE OF BIRTH (month, day, and year) Oct 22-'67

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. City.

PARENTS

10 NAME OF FATHER Josiah J. Keller

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) —

12 MAIDEN NAME OF MOTHER Mary M. Yingling

13 BIRTHPLACE OF MOTHER (city or town) Westminster (State or country) Carroll Co. Md.

14 Informant Chas. J. Keller

(Address) 522 W. Monument St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 — 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 — 1926, to Jan 11 — 1926, that I last saw h— alive on Jan 11 1926 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) unknown

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typ. Exam -

(Signed) Chas. J. Keller, M. D.

1, 12, 1926 (Address) 522 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan 13 1926
20 UNDERTAKER	ADDRESS
John B. Spence	1325 N. Caroline

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05651

CERTIFICATE OF DEATH.

73 E 05651

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1210 E. Biddle St. (ST.) 10-V (WARD)

2-FULL NAME William P. Matten.

(a) RESIDENCE No. 1210 E. Biddle St ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 50 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susan Matten.

6 DATE OF BIRTH (month, day, and year) April 9 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer) Stewart & Keith

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Geo. Matten.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Mary Palmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Susan Matten.
(Address) 1210 E. Biddle St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1925, to Jan. 9, 1926, that I last saw him alive on Jan. 9, 1926 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Subacute myelitis

(duration) ... yrs. ... mos 16 ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) (1) Dr. Thomas, M. D.

1/12, 1926 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery. DATE OF BURIAL Jan. 13 1926

20 UNDERTAKER Geo. L. Keith. ADDRESS 1725 Hoffman Ave.

JAN 13 1926 BUREAU OF VITAL STATISTICS

Spec. 6-9-19 H. P. Co. 1000 Bks.

E 05652

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 05652

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 N Saratoga St. 18-1 Ward)

2-FULL NAME James M. Stevens

(a) RESIDENCE. No. 834 N. Saratoga St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 10 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-3 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER M. M. Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Mary E. Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mathew N Stevens

15 Filed ....., 19..... Registrar

JAN 3 1926 ROBERT R. TAYLOR Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10/1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1926, to Jan. 10, 1926

that I last saw him alive on Jan 10, 1926

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Toxemia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins, M. D.

, 19 (Address) 1019 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	1-13 1926
20 UNDERTAKER John H. Toadvine	ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05653

E 05653

CERTIFICATE OF DEATH.

REGISTERED NO. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 440 Covington St. WARD 2)

2-FULL NAME Baby Hart.

(a) RESIDENCE NO. 440 Covington St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 1/27/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	2 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Arthur Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary E. Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Arthur Hart (Address) 440 Covington St.

15 Filed JAN 13 1926 19 HUBERT F. KRAMER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/12 1926

17

I HEREBY CERTIFY, That I attended deceased from 1/12, 1926, to 1/12, 1926, that I last saw him alive on 1/12, 1926, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Robert Torsion Weak

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. R. Saunders M. D.

(Address) 440 Covington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A & C Co. DATE OF BURIAL 1-13 1926

20 UNDERTAKER: Ellis Hart ADDRESS 115 E. Lexington St.

Spec.—1-10-21—M&T—1500 Bks.

John B. Green.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05654

E 05654

CERTIFICATE OF DEATH.

REGISTERED NO. 101

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. 3805 Loudon Ave WARD) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr John B Green.

(a) RESIDENCE NO. 1405 Conductor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Christie F. Green.

6 DATE OF BIRTH (month, day, and year) Unknown. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Russell. Green.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Stelton A. Green. (Address) 1060 Bruce Pleasant ave

15 Filed ..... 19 ..... Registrar

JAN 13 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 , 19 26 , to Jan 11 , 1926.

that I last saw h alive on Jan 11 , 19 26

and that death occurred, on the date stated above, at 10 40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Denis Cunningham, M. D.

1/12, 1926 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem Hyattsville DATE OF BURIAL 1/14/ 1926

20 UNDERTAKER J. Walter Davis ADDRESS 3307 Pamet St

Spec.—1-10-21—M&T—1500 Bks.

E 05655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 05655

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 3600 Sycamore Ave (ST.) (WARD) 43-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida. M. Worrell

(a) RESIDENCE No. 3600 Sycamore Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of William Worrell

6 DATE OF BIRTH (month, day, and year) Sept 30 1872

7 AGE — Years: 53 — Months: 4 — Days: 12 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER George Wink

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md

12 MAIDEN NAME OF MOTHER Lavina Gerhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co Md

14 Informant William S. Worrell (Address) 3600 Sycamore Ave

15 Filed , 19 Registrar

JAN 3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Jan 12, 1926, that I last saw h[er] alive on Jan 11, 1926, and that death occurred, on the date stated above, at 12.15 m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C H Richardson, M. D.

, 19 (Address) 550 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Jan 15 1926

20 UNDERTAKER: A S Marshall — ADDRESS: 3539 Fallsway

Cor.—1-12-23—M&T—100 Blks.

5656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 2 E 05656

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital ST., 8-1 WARD)

2-FULL NAME Angelo Carvino

(a) RESIDENCE No. 1405 Clifton ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
mal	wht	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Carvino

DATE OF BIRTH (month, day, and year) Oct 28th 188[illegible]

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	2	13	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) 045
(c) Name of employer .....

BIRTHPLACE (city or town) ..... America
(State or country)

10 NAME OF FATHER John Carvina

11 BIRTHPLACE OF FATHER (city or town) ..... Italy
(State or country)

12 MAIDEN NAME OF MOTHER Mary Inzaco

13 BIRTHPLACE OF MOTHER (city or town) ..... Italy
(State or country)

Informant Mary Freeze

(Address) 1411 Clifton ave

Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of base of skull, by jumping from 2nd floor window

(duration) ..... yrs. 2nd days.

CONTRIBUTORY (Secondary) Robert Ruemmonna

(duration) ..... yrs. ..... mos. 7 ds.

(Signed) James M Fenton, M. D.
(Coroner)

Jan 13, 1926 (Address) 700 E Chase st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs., ... mos., 1 day In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1405 Clifton ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincent	Jan 13th 1926
20 UNDERTAKER	**ADDRESS**
Frank V. Lipsitone	1800 E. 32nd

ROBERT N. KING
JAN 13 1926
Burial Permit Clerk

Cor.—1-12-23—M&T—100 Blks.

Carrino

05657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

199 F 05657

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1405 Chesterview Ave ST., 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nymphi Corbini

(a) RESIDENCE No. 1405 Chesterview Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) Aug 20/1925

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	22	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER Angelo Corbini

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New York

12 MAIDEN NAME OF MOTHER Rose Agnese

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Mary Fuege
(Address) 114 Eastwood Ave

Filed JAN 13 1926, 192 ROBERT R. KRAUSE Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured Skull - in accidental manner by her father while temporarily insane

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia
(duration) yrs. mos. 7 ds.

(Signed) J. J. Walker, M. D.
(Coroner.)

1-11, 1926 (Address) 508 E Fayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents — DATE OF BURIAL Jan 13th 1926

20 UNDERTAKER Frank V. Pipitone — ADDRESS 1800 E. 33rd

E 05658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11

E 05658

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 615 N. Calvert St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. J. Stanislaus Fink

(Residence in Baltimore: No. 615 N. Calvert St St.; yrs. 68 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Do not know (Month) (Day) (Year)

7-AGE. 68 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). 600

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Joseph Fink

11-BIRTHPLACE OF FATHER, (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Rose. Dry.

13-BIRTHPLACE OF MOTHER, (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Fink

(Address) 107 W Fayette St

15-

JAN 13 1926 ROBERT R. KRAUTER, Vital Records Registrar

Filed..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 12 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Poisoning

Suicidal Primary

Coal Gas (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. Tilly M. D.
(Coroner.)

June 13 1926. (Address) 10 E. Baltimore

*State the **Disease Causing Death**, or, In deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery DATE OF BURIAL. 1/14 1926

20-UNDERTAKER. Henry W Meardon ADDRESS 805 N Calvert St

Spec.—1-10-1—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05659 E 05659

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irwin J. Sullivan

(a) RESIDENCE No. Hallstown, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ~~6~~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Sullivan

6 DATE OF BIRTH (month, day, and year) ~~[illegible]~~ canteen.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md -
(State or country)

PARENTS

10 NAME OF FATHER Daniel Sullivan

11 BIRTHPLACE OF FATHER (city or town) N. Y.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Reglin

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 13 1926, 19 ..... ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15th, 1925, to Jan. 12th, 1926, that I last saw ~~him~~ alive on Jan. 12th, 1926, and that death occurred, on the date stated above, at 7 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) ~~Syphilis~~ Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Md

Did an operation precede death? Yes Date of Jan 8-1926

Was there an autopsy? Yes Pathological Exam

What test confirmed diagnosis? Pathological Exam

(Signed) Warfield M. Taylor, M. D.

1-12-1926 (Address) 1616

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns Lots Green	Jan 14 1926
20 UNDERTAKER John Arthur & Son	ADDRESS Towson Md

Spec.—1-10-21—M&T—1500 Bks.

E 05660

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-E 05660

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Mcculloh. ST. 14-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Brown.

(a) RESIDENCE NO. 1900 mcculloh. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored.	Widowed.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Brown.

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic. 610

(b) General nature of industry, business, or establishment in which employed (or employer) at Home.

(c) Name of employer ——→

9 BIRTHPLACE (city or town) (State or country) Liberty md.

PARENTS

10 NAME OF FATHER Abram Jackson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Martha Lukens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant. Eliza Nelson.
(Address) 1577 Ost. Carey St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1926, to Jan 11, 1926.

that I last saw h[illegible] alive on Jan 11, 1926,

and that death occurred, on the date stated above, at 1 [illegible] M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia,

(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary) Anaemia,

(duration) ..... yrs. 8 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Sputum, Physical

(Signed) Willis F. Wright, M. D.

Jan 11 1926 (Address) 1209 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn cemtery	Jan 14, 1926

20 UNDERTAKER Mrs Jas. H. Dennis per T. E. Kelson

ADDRESS 1303 Bentman St

MAR 3 1926 ROBERT R. PRENTISS
Burial Permit

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05661

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2033 Madison Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... James Hilland Brown

(a) Residence No.... 2033 Madison Ave. St., ... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Brown

6-DATE OF BIRTH (month, day and year) June 16, 1900

7-AGE,	If LESS than 1 day,
25 yrs. 6 mos. 26 ds.	....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Lab. 040

(b) General nature of industry, business, or establishment in which employed (or employer)..... Copper Works

(c) Name of employer.. Balto Copper Works, Canton

9-BIRTHPLACE (city or town)..... (State or Country), West River, A.A.Co. Md

PARENTS.

10-NAME OF FATHER, James Brown

11-BIRTHPLACE OF FATHER (city or town) West River, (State or Country), A.A. Md.

12-MAIDEN NAME OF MOTHER, Mary Watren

13-BIRTHPLACE OF MOTHER (city or town) West River, (State or Country), A.A. Md.

14-

(Informant)..Ethel D. Brown.....

(Address)..2033 Madison ave.

15-

Filed....., 192.....

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-11-26

17- I HEREBY CERTIFY, That I attended deceased from 1-10, 1926, to 1-11, 1926, that I last saw him alive on 1-10, 1926, and that death occurred, on the date stated above, at 6.50 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) 0 yrs. 0 mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. Macc Williams M. D.

1-11, 1926 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, 1926
Mt. Auburn Cem	1/14/26
20-UNDERTAKER,	ADDRESS
Samuel Hemsley	1132 E. Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 05662

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 05662

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 257 W. Hoffman St., 11-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Marie Allen

(a) RESIDENCE NO. 257 W. Hoffman St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jerry W Allen

6 DATE OF BIRTH (month, day, and year) Aug 10 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Co. Va

PARENTS

10 NAME OF FATHER Robert Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Jerry W Allen

(Address) 257 W. Hoffman St

15 Filed ....., 19 .....

PART 3 1926 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1926, to Jan 10, 1926, that I last saw her alive on Jan 10, 1926 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. McKee, M. D.

1-12-1926 (Address) 1126 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	1/13/26
20 UNDERTAKER	**ADDRESS**
Mrs R. A. Elliott	1725 Ashland Av

Spec.—1-10-21—M&T—1500 Bks.

E 05663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 05663

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1450 Morton ST. 11-1 WARD)

2-FULL NAME Ada Neal

(a) RESIDENCE NO. 1450 Morton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Radford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Anna Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant George Neal

(Address) 1450 Morton st.

15 Filed ..... 19 ..... Registrar

ROBERT R. KRAUTER, Clerk

JAN 1 8 1926 Circuit Court No. 1 Baltimore City

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9 – 1925, to Jan. 10 1926.

that I last saw her alive on Jan. 10 – 1926

and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Arteriosclerosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Dropsy ?

Nephritis (duration) yrs. 7 mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. L. W. Kennard M. D.

1-12 1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	1/14/26
20 UNDERTAKER Mrs. R. G. Elliott	ADDRESS 1755 Ashland

Spec—12-23-21—E.B.R.S.—400 Blks.

E 05664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05664

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1355 Bond St. 21-2 (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. James Roy

(a) Residence No. 1355 Bond St., Ward

(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Roy

6-DATE OF BIRTH (month, day and year) March 1876

7-AGE, 49 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wilson Roy

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Sarah McMahon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Emma Roy

(Address) 1355 Bond St

15-

Filed 192

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-9-26

17- I HEREBY CERTIFY, That I attended deceased from 1-6, 1926 to 1-9, 1926

that I last saw h... alive on 1-9, 1926

and that death occurred, on the date stated above, at 1.06 m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt. Auburn Cemetery	1/13/26 19
20-UNDERTAKER.	ADDRESS
Mrs. R. A. Elliott	1725 Garland Ave

Burial Permit Given

Spec.—1-10-21—M&T—1500 Bks.

Leha Deshields

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05665

E 05665

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 7th St (ST.) Davenport (WARD) 25-4

2-FULL NAME Leha Deshields

(a) RESIDENCE NO. 7th Davenport ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Deshields

6 DATE OF BIRTH (month, day, and year) Unknown 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
agency	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Isaac Deshields (Address) 7th at Davenport

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11— 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 25, 1925, to Jan 11— 1926,

that I last saw h alive on Jan 10— 1926

and that death occurred, on the date stated above, at 9 P.M. m.

The CAUSE OF DEATH* was as follows:

Dilated Heart

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Bright Disease of Kidneys

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Bruenning, M. D.

, 19 (Address) 1340 Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sandsbury Md — DATE OF BURIAL 1/13/26 19

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1725 Ashland Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05666

CERTIFICATE OF DEATH. Circle 9. 57

E 05666

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Maple & Belford Ave. St. 2744 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Arthur L. Devers

(a) Residence No. Maple & Belford Ave. St.,..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalena Devers

6-DATE OF BIRTH (month, day and year) April 19-1875

7-AGE. 50 yrs. 8 mos. 21 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Butcher 013

(c) Name of employer.....

9-BIRTHPLACE (city or town) Freyfeldt
(State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Devers

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Anna Devers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

11- (Informant) Magdalena Devers

(Address) Maple & Belford Ave.

15- Filed..... 192.....

JAN 13 1926 MURRAY P. KRAMER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 10-1926

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 19 25 to Jan 10 19 26

that I last saw him alive on Jan 10 19 26

and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Probable Colitis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D

, 19 (Address) 101 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Parkwood — DATE OF BURIAL. 1/14 19 26

20-UNDERTAKER. Edward J. Rock — ADDRESS 1624 Eutaw Ave

E 05667

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-22 E 05667

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1110 Eutaw St. Ward)

Registered No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Theresa Renshaw

(Residence in Baltimore: No. 1110 N Eutaw St.: 3 yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: f

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: October 1, 1857 (Month) (Day) (Year)

7-AGE: 68 yrs. 3 mos. 11 ds. 10

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Manchester Maryland

PARENTS

10-NAME OF FATHER: Jacob Renshaw

11-BIRTHPLACE OF FATHER (State or country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Josephine E. Furman

13-BIRTHPLACE OF MOTHER (State or country): Manchester Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Elizabeth Renshaw

(Address): 1110 Eutaw St

15-

Filed ..... 191 .....

ROBERT R. KRAUTER
Clerk Parish Court

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 11, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 30, 1926 to. Jan 11 1926. that I saw her alive on January 11, 1926. and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) [redacted] yrs. 11 mos. 19 ds.

(Signed) Theresa Pollack M. D.

Jan 1, 1926 (Address) 1112 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Jan 13 1926

UNDERTAKER: STEWART & BROWN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

05668

HEALTH DEPARTMENT—CITY OF BALTIMORE

05668

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Thomas Ave ST. 15-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma L Jones

(a) RESIDENCE NO. 1812 Thomas Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6 DATE OF BIRTH (month, day, and year) Dec 7 – 1846

7 AGE 79 Years 1 Months 4 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Living at home

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country) William Browning

12 MAIDEN NAME OF MOTHER O. Reilly

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Alice S. Parkhurst (Address) 1410 Park Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1926, to June 12th, 1926, that I last saw h[illegible] alive on June 12th, 1926 and that death occurred, on the date stated above, at 3 P— m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

V. V. Spinalis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alice S. Parkhurst M. D.

June 12, 1926 (Address) 1410 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk

DATE OF BURIAL 1/15 1926

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05669 X 181 E 05669

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N. Broadway ST., 7-1 WARD)

2-FULL NAME Frederick Thompson

(a) RESIDENCE NO. Onega, West Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Thompson

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Parsons , W. Va.
(State or country)

PARENTS

10 NAME OF FATHER George Thompson

11 BIRTHPLACE OF FATHER (city or town) W. Va
(State or country)

12 MAIDEN NAME OF MOTHER Susie Sites

13 BIRTHPLACE OF MOTHER (city or town) W.Va
(State or country)

14 Informant Hopkins "ospital
(Address)

15 Filed , 192 ROBERT N. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation
(Probably accidental, a one burner cooking stove was unlighted. He was inbed.) (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Wade, M. D. (Coroner.)

1/13/26. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harman W. Va.	Jan 13 1926
20 UNDERTAKER Richard F. Curley	ADDRESS 1624 N. Wash St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05670

CERTIFICATE OF DEATH.

161-001

E 05670

Registered No.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St., K-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Dreger

(a) Residence No. R.F.D. Elkridge Md. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 hrs 20 min. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan. 8, 1926

7-AGE, ...yrs. ...mos. ...ds.

If LESS than 1 day, 5 hrs. 20 min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Wilhelm Dreger

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Hedwick Paulina Krebs

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Hedwick Paulina Dreger

(Address) R.F.D. Elkridge Md

15- Filed ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 9, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 8th 1926 to Jan 9th 19 26, that I last saw h.r alive on Jan 9th 19 26 and that death occurred, on the date stated above, at 2.30 Am

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) yrs. mos. 5 hours 20 min.

CONTRIBUTORY (Secondary) Prematurity

(Duration) yrs. mos. 5 hrs 20 min

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

Jan 9, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, DATE OF BURIAL, ..., 19..

20-UNDERTAKER, ADDRESS

UNIVERSITY OF MARYLAND

JAN 13 1926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05671 — 100 — 001 — E 05671

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Baltimore City Hospital St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Jang

(Residence in Baltimore: No. 1911 E. Fairmount av St.; yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: mal

4-COLOR OR RACE: Wht

5-Single, Married, Widowed, or Divorced, (Write the word.): unknown

6-DATE OF BIRTH: ....., 1..... (Month) (Day) (Year)

7-AGE: about 65 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Probably Balto City

PARENTS.

10-NAME OF FATHER: Jang

11-BIRTHPLACE OF FATHER, (State or Country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER, (State or Country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed....., 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: ..... Jan (Month) 4 (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. few days mos. ds.

CONTRIBUTORY (Secondary)

(Duration) ..... mos. ds.

(Signed) James M. Hunter M. D. (Coroner)

Jan 6 1926 (Address) 700 E Chase

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

UNIVERSITY OF MARYLAND ..... 19....

20-UNDERTAKER. ADDRESS

Commissioner Health.

JAN 13 1926

THE MORGUE

over

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05672

HEALTH DEPARTMENT—CITY OF BALTIMORE

3 E 05672

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Penitentiary Hospital St. 1921 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... David Haynes

(a) Residence No... Md State Penitentiary St.,..... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Haynes

6-DATE OF BIRTH (month, day and year) Oct 20, 1893

7-AGE. 32 15
33 yrs. 2 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... laborer (farm)

(b) General nature of industry, business, or establishment in which employed (or employer)..... Ohio

(c) Name of employer.....

9-BIRTHPLACE (city or town)..Indiana polis
(State or Country), Indiana

PARENTS.

10-NAME OF FATHER, Hill Haynes

11-BIRTHPLACE OF FATHER (city or town). Indianapolis
(State or Country), Indiana

12-MAIDEN NAME OF MOTHER, Hanna Harley

13-BIRTHPLACE OF MOTHER (city or town)... Georgia
(State or Country), Virginia

14-

(Informant)..Md. State Pen. Hospital

(Address).....

15-

Filed..... 192.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 5, 1926

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1925 to Jan 5, 1926

that I last saw h.im alive on Jan 5, 1926

and that death occurred, on the date stated above, at 8.50 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert L. Anderson M. D.

1/6 1926 (Address) Md Penit

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL. ..... 19....
20-UNDERTAKER. Commissioner Health.	ADDRESS

JAN 13 1926 HUBERT R. [illegible] JAN 15 1926

THE MORGUE

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05673 — 16 001 — E 05673

CERTIFICATE OF DEATH

1-PLACE OF DEATH: University Hospital — Registered No. .....

City of BALTIMORE: (No. Lombard & Greene St., ... Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Baby Boy Greger

(a) Residence No. R.F.D. Elkridge Md. St., ... Ward .....
(Usual place of abode) — (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 30 min How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Jan 8, 1926

7-AGE, ... yrs. ..... mos. ..... ds. — If LESS than 1 day, ... hrs. or 30 min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): ..... (M)
(c) Name of employer: .....

9-BIRTHPLACE (city or town): Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles Wilhelm Greger

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Hedwick Paulina Krebs

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Hedwick Paulina Greger
(Address) R.F.D. Elkridge Md.

15- Filed ..... 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 8, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1926, to Jan 8th, 1926 that I last saw him alive on Jan 8th, 1926 and that death occurred, on the date stated above, at 7.35 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

..... (Duration) ..... yrs. ..... mos. 30 min. ds.

CONTRIBUTORY (Secondary) Prematurity

..... (Duration) ..... yrs. ..... mos. 30 min ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

Jan 8, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, ... DATE OF BURIAL, ..., 19....

20-UNDERTAKER, (Commissioner Health.) ADDRESS

UNIVERSITY OF MARYLAND

JAN 13 1926

JAN 13 1926 AUBREY R. KRAFFTER

JAN 13 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05674

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-801 E 05674

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1704 Thomas Ave St. 15-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard C. Burton

(a) Residence No. 1704 Thomas Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Burton

6-DATE OF BIRTH (month, day and year) Dec 13 1877

7-AGE	If LESS than 1 day,
48 yrs. 28 mos. 29 ds.	hrs. or mtn.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Motorman

(b) General nature of industry, business, or establishment in which employed (or employer): 678

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank Burton

11-BIRTHPLACE OF FATHER (city or town) (State or Country), W. Va

12-MAIDEN NAME OF MOTHER, Mary Crossdale

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Del

14- (Informant) Margaret Burton

(Address) 1704 Thomas Ave

15- Filed JAN 3 1926 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 11/26.

17- I HEREBY CERTIFY, That I attended deceased from January 5, 1926, to January 11, 1926, that I last saw him alive on January 11, 1926, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Do not know

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical finding

(Signed) Maurice L. Shamer, M. D.

1/12/, 1926 (Address) 3300 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL.
Mt. Carmel Hebrew Balto	Jan. 14, 1926

20-UNDERTAKER,	ADDRESS
Harry Hutzler	55 N. Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05675 05675

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 311 N Bay St — ST., 5-1 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Kemp.

(a) RESIDENCE NO. 311 N. Bay — ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 30-1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	45	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant John Kemp
(Address) 311 N. Bay St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 12, 1926, that I last saw h alive on Jan 12th, 1926, and that death occurred, on the date stated above, at 2-10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. W. Abner, M. D.

(Address) 1804 E Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Waynesboro	Jan 15 1926

20 UNDERTAKER	ADDRESS
Wm Cook & Co	E. Balto

JAN 13 1926

Spec—12-23-21—E.B.R.S.—400 Blks.

5676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05676

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 929 McDonough St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Cassey Bogerty

(a) Residence No. 929 McDonough St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	colored	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 10, 1898

7-AGE.	If LESS than 1 day.
27 yrs. 8 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Home wife

(b) General nature of industry, business, or establishment in which employed (or employer). 037

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Va

PARENTS.

10-NAME OF FATHER, Mark Curtis

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Va

12-MAIDEN NAME OF MOTHER, Katherine Brooks

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Va

14-

(Informant). Robert Bogerty

(Address). 929 McDonough St

15-

Filed ..... 19?..... Registrar.

JAN 13 1926 ROBERT R. McGUIRE State Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 11/26

17- I HEREBY CERTIFY, That I attended deceased from Jan 2, 1926, to Jan 11, 1926

that I last saw him alive on Jan 9, 1926

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinite (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

L. W. Pa (Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? /

(Signed) J. Edward Fisher, M. D.

Jan 11, 1926 (Address) 1612 E Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Grafton Va.	Jan 14, 1926

20-UNDERTAKER.	ADDRESS
Lottie Gross	1405 N Eldersley

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05677 E 05677

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2440 Flet St. 1-2 WARD) REGISTERED NO. 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Kwiecich

(a) RESIDENCE No. 2440 Flet ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25 - 21

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) Balt City
(State or country)

PARENTS

10 NAME OF FATHER Ignatius Kwiecich

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Ann Tutz

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Ignatius Kwiecich
(Address) 2440 Flet St

15 Filed ... 1926 ... 19 ...

Burial Permit Issued ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13 1926

17

I HEREBY CERTIFY, That I attended deceased from 1-12, 1926, to 1-13, 1926,

that I last saw h[illegible] alive on 1-12, 1926

and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Laryngeal diphtheria

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Clinical Dg no

(Signed) Harris Fisher, M. D.

1926 (Address) 332 S Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Jan 14 1926

20 UNDERTAKER J. W. Ozarowski ADDRESS 1980 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05678

CERTIFICATE OF DEATH.

90 E 05678

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1120 E Monument ST. 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Young

(a) RESIDENCE NO. 1120 E Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Joseph J Young

6 DATE OF BIRTH (month, day, and year) Nov 17th 1865

7 AGE	Years	Months	Days 24	If LESS than 1 day, ... hrs. or ..... min.
	60	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Jacob Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Robert F. Young (Address) 1402 Fletcher St

15 Filed ....., 19 .....

Robert F. Harrison, Registrar

JAN 13 1926 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925, to Jan 11, 1926.

that I last saw her alive on Dec 15, 1925.

and that death occurred, on the date stated above, at 9.45 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilation of heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Kenlon M. D.

1/12 1926 (Address) 1006 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Jan 15th 1926

20 UNDERTAKER George Schilling & Sons — ADDRESS 1126 E Monument St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05679

CERTIFICATE OF DEATH.

REGISTERED NO. E 05679

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., WARD)

2-FULL NAME Mrs. Emily Walters James

(a) RESIDENCE NO. 1239 Breitwerth Ave., ST., WARD

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give usual residence) (City or Town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Horace M. James

6 DATE OF BIRTH (month, day, and year) Feb. 18, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife at Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Diffendall

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Alice Haller

13 BIRTHPLACE OF MOTHER (city or town) Frederick
(State or country) Maryland

14 Informant Horace M. James
(Address) 1239 Breitwert Ave. Morrell

15 Filed ....., 19 .....
Robert P. Harrison
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10 - , 1926, to Jan. 11 - , 1926, that I last saw h[illegible] alive on Jan. 11 - , 1926, and that death occurred, on the date stated above, at 10.10 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease, with Chronic Interstitial Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) acute dilatation of heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests.

(Signed) George B. Morrell, M. D.

Jan 11 - , 1926 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Park Western Cem — DATE OF BURIAL Jan 16 1926

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 W. Balto St

Spec.—1-12-23—M&T—500 Blks.

E 05680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | E 05680

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. (Town) 4-1 WARD)

2-FULL NAME Anna Weiss

(a) RESIDENCE NO. 117 S. Green st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Separated

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William Weiss

6 DATE OF BIRTH (month, day, and year) Mar. 11, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Order clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Hancock Pharmacy

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER James Reitchmyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York ?

12 MAIDEN NAME OF MOTHER Charlotte Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Hospital Records (Address)

15 Filed ....., 19 ..... Registrar

Robert P. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1926, to Jan. 11, 1926, that I last saw her alive on Jan. 11, 1926, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) W. D. McFaine Jr., M. D.

1-11-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Jan 14 1926
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Eutaw St

E 05681

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05681

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: Ganbers Garage:- Bucks Lane near Reisterstown Road.

City of BALTIMORE: (No. Bucks Lane near Reisterstwon Road. 28 Ward) 17

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: William Whitehill.

(Residence in Baltimore: No. 5340 Reisterstown Road. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married.

6-DATE OF BIRTH. January (Month) 27 (Day) 1876 (Year)

7-AGE. 49 yrs. 11 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Candy
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman.

9-BIRTHPLACE. (State or Country). Baltimore, Maryland.

PARENTS.

10-NAME OF FATHER. Isaac Whitehill,

11-BIRTHPLACE OF FATHER, (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Sarah Eichengreen.

13-BIRTHPLACE OF MOTHER, (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hilda Whitehill.

(Address) 5340 Reisterstown Road.

15-

Filed ..... 192.. Robert P. Harrison, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. January (Month) 12 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound in head (suicide)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Instant death

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. T. Hennessy, M. D. (Coroner.)

Jan. 12 1926 (Address) 2502 Garrison Blvd

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Friendship Cem. DATE OF BURIAL. 1/14/ 1926

20-UNDERTAKER. Harry Sondheim ADDRESS 1820 W. Mt. Royal Ave.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05682

CERTIFICATE OF DEATH.

37 E 05682

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Gray or Shay

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Packer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed ..., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10- 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8- , 19 25 , to Jan. 10- , 19 26, that I last saw h.. alive on Jan. 10- , 26, and that death occurred, on the date stated above, at 9.10 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry H. Downs M. D.

1/11/26 (Address) 1 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAN

DATE OF BURIAL 19

20 UNDERTAKER Commissioner

ADDRESS

Registered by Adam E. Harrison

3-1926 0936 JAN 12 1926

E 05683

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05683

CERTIFICATE OF DEATH.

13-1167-007

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 3612 Cedar Ave 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha B Anderson

(Residence in Baltimore: No. 3612 Cedar Ave St.; life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) married

6-DATE OF BIRTH, Feb 24 (Month) (Day) 1874 (Year)

7-AGE, 51 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). md

PARENTS.

10-NAME OF FATHER. Robert E Richardson

11-BIRTHPLACE OF FATHER, (State or Country). md

12-MAIDEN NAME OF MOTHER. Rebecca Brice

13-BIRTHPLACE OF MOTHER, (State or Country). md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roberta Metcalfe

(Address) 3612 Cedar Ave

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 11 (Month) (Day) 1926 (Year)

17. I HEREBY CERTIFY, That I took charge of the cadaver described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and from personal knowledge find that said deceased came to ~~his~~ her death on the day stated above.

The CAUSE OF DEATH was as follows:

Loss of Consciousness

Duration

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H Harrison M. D. (Coroner.)

Jan 12 1926 (Address) 1232 Robinson

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL. Jan 14 1926

20-UNDERTAKER. Ebenezer & Son

ADDRESS 3617 Chestnut Ave

Robert P. Harrison,

Dental Surgeon

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05684

E 05684

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3737 Roland Ave ST. 13-4 WARD)

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L. Beck

(a) RESIDENCE No. 3737 Roland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Bertha A. Beck.

6 DATE OF BIRTH (month, day, and year) Sept 9, 1876

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Peter J. Beck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna M Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Bertha A. Beck

(Address) 3737 Roland Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1926, to Jan 11, 1926.

that I last saw him alive on Jan 11, 1926,

and that death occurred, on the date stated above, at 10 20 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1/12, 1926 (Address) 846 W 36 & Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 15-26

20 UNDERTAKER Ehrenwerth Son — ADDRESS 917 Cheatham

Cor.—1-13-26—M&T—100 Blks.

E 05685

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05685

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 N. Gay ST. 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Knapp

(a) RESIDENCE NO. 1232 N. Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Dec 3/1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	1	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Wm. J. Knapp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary Pool

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs. M. E. Kepler (sister)
(Address) 1232 N. Gay St

15 Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12-26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency (Probably Myocardial)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr. Alcoholism

(duration) ? yrs. ..... mos. ..... ds.

(Signed) J. H. Waller, M. D.
(Coroner.)

1-12-26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cemetery	Jan 15 1926

20 UNDERTAKER Robt J Turner ADDRESS 444 Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 05686

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05686

CERTIFICATE OF DEATH.

REGISTERED NO. 2579

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital ST. 15-b WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Amanda Stavely Wyman

(a) RESIDENCE NO. 3306 Powhatan, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Levy Brown Wyman.

6 DATE OF BIRTH (month, day, and year) Dec 11 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Own housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) St Johns, (State or country) New Brunswick

PARENTS

10 NAME OF FATHER John Wyman

11 BIRTHPLACE OF FATHER (city or town) St Johns (State or country) NewBrunswick

12 MAIDEN NAME OF MOTHER Margaret Millen

13 BIRTHPLACE OF MOTHER (city or town) St Johns (State or country) New Brunswick

14 Informant Roy M Wyman (Address) Yarmouth Nova Scotia

15 Filed . 19 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 17 . 1925 . to Jan 13 . 1926 .

that I last saw her alive on Jan 13 . 1926 ,

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis, chronic

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Sherman S. Jarrett, M. D.

1-13, 1926 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 16 1926

20 UNDERTAKER George J Smith — ADDRESS 1032 Edmondson Av

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05687

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05687

CERTIFICATE OF DEATH.

179

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 W. Biddle St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aged Mens Home

(a) RESIDENCE. No. 1402 W Lexington ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Wht	Sing

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 26 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 86

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Christopher Billups

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha Diggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs L B Fisher
(Address) 1402 W Lexington

15 Filed ..., 19 ... Registrar

1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 19 ., to June 12, 19 26,
that I last saw h alive on June 12, 19 26,
and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial
and Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Norwood, M. D.

Jan 19 26 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Jan 14 1926
20 UNDERTAKER George J Smith	ADDRESS 153 Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 05688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14-001 05688

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 Montebella Ter. ST., 7-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William August Miller

(a) RESIDENCE NO. 120 Montebella Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susanna M. Miller

6 DATE OF BIRTH (month, day, and year) Dec. 27-1860.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	-	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Charles Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Kaufmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Grace Miller

(Address) 120 Montebella Terrace

15 Filed ..... 19 ..... Registrar

Robert T. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 11, 1926.

that I last saw h alive on Jan 10, 19 .

and that death occurred, on the date stated above, at 9:15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteri Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Sturm, M. D.

1/12/26. 19 (Address) 4 W Hoffman Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 15 1926

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

E 05689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-001

12 E 05689

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Bruce ST. 71-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martina Brown

(a) RESIDENCE No. 1123 Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (?)

6 DATE OF BIRTH (month, day, and year) Apr. 4 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge Md.

PARENTS

10 NAME OF FATHER James Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) (?)

14 Informant Elizabeth Brown (Address) 1123 Bruce St

15 Filed , 19 Robert P. Harrison, Registrar

1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1925, to Jan 12, 1926.

that I last saw h[illegible] alive on Jan 12, 1926,

and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

[redacted]

Hypertrophic Cirrhosis of the liver

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Ascites

(duration) yrs. 2 mos. + ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. H. Cassell M. D.

1/13 1926 (Address) 1306 Hill St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	June 15 1926
20 UNDERTAKER	ADDRESS
Geo. M. Chase & Son	1402 Mad Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05690

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1712 N Broadway (STREET) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Frances Laird

(a) RESIDENCE NO. 1712 N Broadway ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 80 yrs. 10 mos. 30 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Samuel M. Laird

6 DATE OF BIRTH (month, day, and year) Feby 14 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Fawn Grove Penna

PARENTS

10 NAME OF FATHER John Brooke

11 BIRTHPLACE OF FATHER (city or town) Fawn Grove (State or country) Penna

12 MAIDEN NAME OF MOTHER Martha Harry

13 BIRTHPLACE OF MOTHER (city or town) Fawn Grove (State or country) Penna

14 Informant Harry A. Smith (Son)

(Address) 4-N-Carey St.

15 Filed ..., 19 ... Registrar

Robert P. Harrison,

1926

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1925, to Jan 13, 1926.

that I last saw her alive on Jan 13, 1926

and that death occurred, on the date stated above, at 12 20 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) one yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John O. Greey, M. D.

, 19 (Address) 1608 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. DATE OF BURIAL: Jan 16 1926

20 UNDERTAKER: Stewart & Moran ADDRESS: 108 W North Ave

Spec.—1-10-21—M&T—1500 Blks.

E 05691

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05691

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Gough ST. 21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton M. Hasselhoff

(a) RESIDENCE NO. 2011 Gough ST., 21 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret D. Hasselhoff

6 DATE OF BIRTH (month, day, and year) Feb. 15 1886

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 009

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Chas Hasselhoff

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Mary Snyder

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

14 Informant Margaret D. Hasselhoff (wife)

(Address) 2011 Gough St.

15 Filed ....., 19 ..... Registrar

3 1926 Robert P. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 12, 1926, that I last saw him alive on Jan 12, 1926, and that death occurred, on the date stated above, at 2 15 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? Yes

What test confirmed diagnosis? Physical signs

(Signed) E. O. Heller, M. D.

1/13, 1926 (Address) 937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Jan 15 1926

20 UNDERTAKER Lilly & Geiler — ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05692

CERTIFICATE OF DEATH.

90 E 05692

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S. Ann ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Kozlowska.

(a) RESIDENCE NO. 518 S Ann ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late John Kozlowski

6 DATE OF BIRTH (month, day, and year) Dec. 23d 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72		18 19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Roch Olewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Florentina Waringowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Joseph Kozlowski (Address) 403 S. Wolfe St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1926, to Jan 11, 1926.

that I last saw h[illegible] alive on Jan 11, 1926.

and that death occurred, on the date stated above, at 12 00 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) 1 yr mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? C. S. & S.

(Signed) John J. Kieger M. D.

19 (Address) 262 E Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	Jan 14 1926
20 UNDERTAKER Lilly + Geiler	ADDRESS 403 S. Wolfe St

3 1926 Robert P. Garrison

Spec.—1-10-21 M&T 1500 Blks.

E 05693

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Bank ST., 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Roesnicke.

(a) RESIDENCE NO. 1806 Bank ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha T. Roesnicke

6 DATE OF BIRTH (month, day, and year) Nov. 7th 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md (State or country)

PARENTS

10 NAME OF FATHER Fred Roesnicke

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Ann Lovett

13 BIRTHPLACE OF MOTHER (city or town) England (State or country)

14 Informant Bertha T. Roesnicke. (Address) 1806 Bank St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1924, to Jan 10, 1926, that I last saw him alive on Jan 10, 1926 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) 1 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) George Keller, M. D.

1-13, 19 26 (Address) 1937 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery DATE OF BURIAL Jan. 14th 1926

20 UNDERTAKER Lilly & Zeale. ADDRESS 403 S. Wolfe St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05694

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05694

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1909 Edmondson Ave (St.) W-5 (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Carr Norman

(a) Residence No. 1909 Edmondson Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ann Norman

6-DATE OF BIRTH (month, day and year) 1/1/1839

7-AGE. 87 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Charles Co. (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Richard C. Norman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Unknown Dean

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Frank Norman

(Address) 1909 Edmondson

15-

Filed ... 192...

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan-11-26

17- I HEREBY CERTIFY, That I attended deceased from Jan-3 1926 to Jan 11 1926 that I last saw h[illegible] alive on Jan-11 1926 and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Influenza (Spanish)

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Shook M. D.

1-12 1926 (Address) 8064 Preston ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL, 1/14 1926

20-UNDERTAKER Hughes & Jones Inc. ADDRESS 424 N Broadway

JAN 2 1926

CLERK [illegible] Clerk.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-3 90

E 05695

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 41 E Hamilton Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Helen Marie Keen

(a) Residence No. 41 E. Hamilton Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Austin J. Keen

6-DATE OF BIRTH (month, day and year) Dec. 4. 1874

7-AGE. 51 yrs. 1 mos. 7 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore

(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Alexander Kennedy

11-BIRTHPLACE OF FATHER (city or town). Baltimore

(State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Sarah Jane Chester

13-BIRTHPLACE OF MOTHER (city or town). Baltimore

(State or Country), Md.

14-

(Informant) Austin J. Keen

(Address) 41 E. Hamilton ave

15-

Filed 3 1926 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jany 11/26

17- I HEREBY CERTIFY, That I attended deceased from Jany 5" 1926 to Jany 11" 1926

that I last saw h[illegible] alive on Jany 11" 1926

and that death occurred, on the date stated above, at 12-40 A. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

Indefinite (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. 11 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Caleb W. Athey M. D.

Jan 11, 1926 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn

DATE OF BURIAL. 1/14 19. 26

20-UNDERTAKER. Hughes Jones Inc.

ADDRESS 4242 Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 05696

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05696

CERTIFICATE OF DEATH.

43

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital ST. 12-4 WARD)

2-FULL NAME Emma L. Odiorne

(a) RESIDENCE NO. 448 E 28th ST ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 25 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41 42	6 5	18 19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER David Odiorne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Eliza Gillcox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant Miss Odiorne (Address) 2800 N. Calvert St.

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 6, 1926, to Jan 13, 1926, that I last saw her alive on Jan 12, 1926, and that death occurred, on the date stated above, at 4 45 A. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of breast

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Metastasis to lungs and pleura (duration) ..... yrs. 6 mos. 15 ds.?

18 Where was disease contracted if not at place of death? ?

Did operation precede death? no Date of .....

Was [redacted] an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Annie M. Flinn M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elizabeth N. J.

DATE OF BURIAL 1/14 1926

20 UNDERTAKER Chas. E. Evans & Son

ADDRESS 118 W. Fayette

Cor.—1-12-23—M&T—100 Bks.

E 05697

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 05697

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Eastern Ave ST. 3-12 WARD)

2-FULL NAME William Burmeister

(a) RESIDENCE NO. 1612 Eastern ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
97	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Wm Burmeister

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Veronica Reinhardt
(Address) 803 S Rose st

15 Filed ..... 192 .....
Registrar

JAN 13 1926
Robert P. Harrison,
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) found Jan 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) mos. ds.

(Signed) James M Hunter, M. D.
(Coroner.)

Jan 13. 1926 (Address) 702 Chase st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Jan 14 1926

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS 1710 Fleet st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05698

E 05698

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 501 N. Calhoun St. (Ward) 14-1

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ralph Harold McGrath

(a) RESIDENCE NO. 501 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov. 8 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Millbourne McGrath

11 BIRTHPLACE OF FATHER (city or town) Cambridge (State or country) Md

12 MAIDEN NAME OF MOTHER Dorothy Bell

13 BIRTHPLACE OF MOTHER (city or town) Cambridge (State or country) Md

14 Informant Mr. Millbourne McGrath

(Address) 501 N. Calhoun St.

15 Filed 3 1926, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-23- 1925 to January 13 1926, that I last saw him alive on January 12 1926, and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Whooping Cough.

(duration) — yrs. 1 mos 13 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Ruland, M. D.

1-13-1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md.

DATE OF BURIAL Jan. 14 1926

20 UNDERTAKER Wm Fletcher Sons

ADDRESS Mortch St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05699 E 05699

CERTIFICATE OF DEATH.

REGISTERED NO. 10103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4838 Park Heights Ave ST. WARD)

2-FULL NAME George R. Krimminger

(a) RESIDENCE No. 4838 Park Heights Ave ST. WARD

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 25, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Gen'l. Elec. Co.

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Chaplin Krimminger

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Ida Plott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Mrs. David Patterson

(Address) 4838 Park Heights Ave.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 7 1926 to Jan 13 1926

that I last saw him alive on Jan 12 1926

and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) M. Hanna M. D.

1/13 1926 (Address) 1802 W Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kennoplis N.C.

DATE OF BURIAL Jan 14 1926

20 UNDERTAKER Wm J. Tschudy Sons

ADDRESS Hanover Pa

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05700 E 05700

CERTIFICATE OF DEATH.

REGISTERED NO. 47

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2001 Maryland Ave. St.; 19-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Feeley

(a) RESIDENCE No. 2001 Maryland Ave. St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 11, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pittsfield (State or country) Mass

PARENTS

10 NAME OF FATHER John Feeley

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Emily Dresser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass.

14 Informant Miss Julia Feeley (Address) 2001 Maryland Ave.

15 Filed , 19 Robert E. Harrison Registrar

3 1926 Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1926, to Jan 13, 1926 that I last saw her alive on Jan 13, 1926 and that death occurred, on the date stated above, at 11.15 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma R. Breast

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis to Liver

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

1/13 1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pittsfield - Mass DATE OF BURIAL Jan 14 1926

20 UNDERTAKER Wm J Kirkner Sons ADDRESS North & Pa

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05701

CERTIFICATE OF DEATH.

100-901

E 05701

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1708 Harlem Ave. 6-7 WARD)

2-FULL NAME Clara Crowley

(a) RESIDENCE No. 1708 Harlem Ave WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov. 4. 1851

7 AGE — Years: 74 — Months: 2 — Days: 8 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltz. Md.

PARENTS

10 NAME OF FATHER: James Crowley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila Pa

12 MAIDEN NAME OF MOTHER: Elizabeth Briggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Mr. Eugene Willmer

(Address) 2417 Edmondson Ave.

15 Filed ..., 19... Registrar: Robert P. Harrison,

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1926, to Jan 12, 1926.

that I last saw her alive on Jan 11, 1926,

and that death occurred, on the date stated above, at 9.55 a m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) M Bowman Reed M. D.

1/12 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Jan. 15, 1926

20 UNDERTAKER: Wm. Wickner Sons ADDRESS: Nord Pa

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05702 E 05702

CERTIFICATE OF DEATH.

129

28-1

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5412 Reisterstown Rd ST. WARD)

2-FULL NAME Sarah E. Adams

(a) RESIDENCE NO. 5412 Reisterstown Rd ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur E Adams

6 DATE OF BIRTH (month, day, and year) March 9-18-6

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Sallie Devine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant (Address) Arthur Adams 5412 Reisterstown Rd

15 Filed ..... 19 ..... Registrar

3 1926 Robert P. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1925, to Jany. 12, 1926, that I last saw her alive on Jany 12, 1926, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

~~cerebral hemorrhage~~

chronic Endo- & Myo- Carditis

chronic diffuse nephritis.

Anemia (duration) ~~Syrs~~ mos ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage

~~traumatic par~~ is (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? clinical findings

(Signed) Maurice E. Abarnes M. D.

1/12/1926 (Address) 3300 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Jan 14 1926

20 UNDERTAKER Wm J Dickerson & Bro ADDRESS North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05703

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05703

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3404 Gwynn Falls Parkway WARD) 15-5

2-FULL NAME Elizabeth Jane Billmyer

(a) RESIDENCE NO. 3404 Gwynn Falls Parkway WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dan F. Billmyer

6 DATE OF BIRTH (month, day, and year) July 1-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	65	6	11	

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER [illegible] C. Foss

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth A. Folsom

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Mrs. George A. Chase

(Address) 3404 Gwynn Falls Parkway

15 Filed ..... 19 ..... Registrar

1926 Robert F. Harrison,

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1925, to Jan 12, 1926, that I last saw h[illegible] alive on Jan 12, 1926, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Myocarditis with Mitral regurgitation

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

1/13, 1926 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Jan. 14 1926
20 UNDERTAKER	ADDRESS
Wm J Jackson & Son	North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05704

HEALTH DEPARTMENT—CITY OF BALTIMORE

10-001

E 05704

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Brewer R. Wilson

(a) RESIDENCE NO. 2235 Monadnock ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rose Wilson

6 DATE OF BIRTH (month, day, and year) February 3-1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47 yrs	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry D. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan R. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Rose Wilson

(Address) 2235 Monadnock Ave

15 Filed ..., 19 ... ROBERT P. HARRISON, Registrar

JAN 3 1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1926, to Jan 13, 1926,

that I last saw h... alive on Jan 13, 1926,

and that death occurred, on the date stated above, at 4:05 A m.

The CAUSE OF DEATH* was as follows:

Compound dislocation of left ankle

Lobar Pneumonia - Both Lungs (Coma)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute dilation of Heart

Pul. Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Mar Board.

Did an operation precede death? Yes Date of 1/7/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Routh M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Jan 15 1926
20 UNDERTAKER	ADDRESS
Wm J. Tuckner & Sons	N. Y. Pa

Spec.—1-12-23—M&T—500 Bks.

E 05705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05705

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N. Mount St. 15-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J. Mc Allister

(a) RESIDENCE NO. 1807 N. Pulaski St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret McAllister

DATE OF BIRTH (month, day, and year) Jan. 17, 1875

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	11	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) Plumbing

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

10 NAME OF FATHER Wm McAllister

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Gillie Langley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Margaret McAllister

(Address) 1807 N. Pulaski St.

Filed ....., 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1926, to Jan. 12, 1926, that I last saw him alive on Jan 12, 1926, and that death occurred, on the date stated above, at 9.10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

6 yrs (duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. Exams.

(Signed) John G. Clemens, M. D.

, 19 (Address) 1122 Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Jan. 15 1926

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1944 W. Northern

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Blks.

E 05706

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05706

CERTIFICATE OF DEATH.

3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Grindall ST., 24-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Lycett

(a) RESIDENCE No. 402 Grindall ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Thomas Lycett

6 DATE OF BIRTH (month, day, and year) Dec. 29. 1886

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
39	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto: Md.
(State or country)

PARENTS

10 NAME OF FATHER Michael Lycett

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Ann Oneill

13 BIRTHPLACE OF MOTHER (city or town) Pa.
(State or country)

14 Informant Mrs. Lycett
(Address) 402 Grindall St.

15 Filed Jan 14 1926, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1923, to Jan 11, 1926, that I last saw him alive on Jan 9, 1926, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagn.

(Signed) Edward Morris, M. D.

1/11, 1926 (Address) 107 Eastwest st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem Hartford Ave

DATE OF BURIAL Jan. 14 1926

20 UNDERTAKER Margaret L. Flynn

ADDRESS 1422 Light St.

Spec.—1-10-21—M&T—1500 Blks.

E 05707

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05707

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 11 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Burnham (BURNHAM)

(a) RESIDENCE NO. Woodlawn, Md. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male,	White	Baby.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Baby.

6 DATE OF BIRTH (month, day, and year) Oct. 21, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Woodlawn, Md.
(State or country)

PARENTS

10 NAME OF FATHER Raymond Burnham.

11 BIRTHPLACE OF FATHER (city or town) Woodlawn Md.
(State or country)

12 MAIDEN NAME OF MOTHER Ruth Schisler.

13 BIRTHPLACE OF MOTHER (city or town) Catonsville, Md.
(State or country)

14 Informant Father.
(Address) Woodlawn, Md.

15 Filed JAN 1926, 19 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1926. to Jan. 13, 1926.

that I last saw him alive on Jan. 13, 1926

and that death occurred, on the date stated above, at 8 45 p.m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebrospinal Meningitis.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Woodlawn, Md.

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Spinal Puncture.

(Signed) Leo J. Brown, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Roslyn Md.

DATE OF BURIAL Jan 14 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Balto

Spec.—1-10-21—M&T—1500 Bks.

E 05708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05708

CERTIFICATE OF DEATH

1-PLACE OF DEATH Wm McKenney - Franklin Sq. Hospital

REGISTERED NO. 1016

CITY OF BALTIMORE: (No. 708 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. McKenney, (William T. McKenney)

(a) RESIDENCE No. in the rear of 1933 Vine Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) abt. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Ed. Hughes

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Bessie C. Cook

(Address) 1931 Vine Street

15 Filed , 19

Burial Permit Issued Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1926, to Jan 13, 1926, that I last saw h alive on Jan 13, 1926, and that death occurred, on the date stated above, at 6 A- m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Clinical

(Signed) Louis Antopol, M. D.

1-13 1926 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cem DATE OF BURIAL Jan. 15 1926

20 UNDERTAKER Wm R Cook ADDRESS 1003 N Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05709 ✓ E 05709

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Battery Ave ST. 24-1 WARD)

2-FULL NAME John William Fitzhugh

(a) RESIDENCE No. 1108 Battery Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 25 1907

7 AGE — Years: 18 — Months: 11 — Days: 12 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: James Fitzhugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Anna Basinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: James Fitzhugh
(Address): 1108 Battery Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1926, to Jan 12th, 1926, that I last saw him alive on Jan 12, 1926, and that death occurred, on the date stated above, at 12³⁰ a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Place of death.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Personal observation.

(Signed) Wm Emmet Bosse, M. D.

, 19 (Address) 1953 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. — DATE OF BURIAL: 1/16/26

20 UNDERTAKER: Margaret E. Flynn — ADDRESS: 1422 Light St.

Spec.—1-12-23—M&T—500 Blks.

05710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21-001 E 05710

1-PLACE OF DEATH Bon Secours Hospital

REGISTERED NO. 5709

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 70-54 ST., WARD)

2-FULL NAME Miss Corinne Fowler

(a) RESIDENCE NO. Westminster Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Wh.	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Sept. 13-1899 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer 009

(b) General nature of Industry, business, or establishment in which employed (or employer) Md Casualty

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Frank Fowler

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Ida E Eckrunder

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Mrs G B Eckrunder (Address) 2726 Ind Ave Balto Md

15 Filed ..... 19 ..... Registrar

JAN 14 1926 ROBERT R. KRAUTER, Deputy Health Commissioner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1926 to Jan 13, 1926.

that I last saw her alive on Jan. 13, 1926

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Meningitis Brain Abscess

(duration) ..... yrs. ..... mos 6? ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Geo. D. Lightsey M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md. DATE OF BURIAL 1-15 1926

20 UNDERTAKER Est B Hoke ADDRESS 115 E Mas[illegible] St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05711

100-001

E 05711

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3231 Fait Ave. ST., 26-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Wanger.

(a) RESIDENCE NO. 3231 Fait Ave. ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 6 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	0	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER John Wanger.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Crescentia Edelman.

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant John Wanger.
(Address) 3231 Fait Ave.

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1926, to Jan 11th, 1926.

that I last saw her alive on Jan 11th, 1926,

and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) D. E. Jones M. D.

1/13, 1926 (Address) 1011 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL Jan. 14th 1926

20 UNDERTAKER Lilly V. Zeiler - 403 S. Monroe St. ADDRESS

JAN 14 1926 HUBERT R. RYAN

BURIAL PERMIT ISSUED

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05712

101-001

E 05712

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 816 S. Clinton St. ST., 26 WARD)

2-FULL NAME John Schubert

(a) RESIDENCE NO. 816 S. Clinton St. ST., 26 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Schubert

6 DATE OF BIRTH (month, day, and year) May 5- 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Schubert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rosa Schubert.

(Address) 816 S. Clinton St.

15 Filed ..... 19 .....

HUBERT R. KRAUTER, JAN 14 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 11, 1926.

that I last saw h— alive on Jan 11, 1926

and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ~~1 yrs.~~ mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tilson M. D.

1/13, 1926 Address 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Jan. 15th 1926
20 UNDERTAKER	ADDRESS
Lilly & Feller	203 S. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05713

CERTIFICATE OF DEATH.

84

E 05713

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Eutaw Place ST. 14-W WARD)

2-FULL NAME Bernard Christian Steiner

(a) RESIDENCE NO. 1631 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Mulligan

6 DATE OF BIRTH (month, day, and year) Aug. 13-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
Aug 13-1867	58	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Librarian

(b) General nature of industry, business, or establishment in which employed (or employer) Superintendent

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) Guilford (State or country) Connecticut

PARENTS

10 NAME OF FATHER Lewis A. Steiner

11 BIRTHPLACE OF FATHER (city or town) Frederick (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Spencer Smith

13 BIRTHPLACE OF MOTHER (city or town) Guilford (State or country) Conn

14 Informant Miss Bertha Steiner

(Address) 1572 Bolton St Baltimore

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

JAN 14 1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 12 1926

17 I HEREBY CERTIFY, That I attended deceased from January 11, 1926, to January 12, 1926.

that I last saw h. alive on January 12 1926,

and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Coronary Artery Thrombosis Instantaneous

(duration)

CONTRIBUTORY (Secondary) Angina pectoris

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) H Warren Bueler, M. D.

Jan 13 1926 (Address) 806 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frederick Maryland	Jan 15 1926
20 UNDERTAKER	**ADDRESS**
John B. Spence	1325 N. Carolina St

Spec. 1-1921—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05714 E 05714

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Robinson

(a) RESIDENCE NO. 194 N. 22 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE: Years 18; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: school 600

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ind - (State or country)

PARENTS

10 NAME OF FATHER James E. Robinson

11 BIRTHPLACE OF FATHER (city or town) Ind, (State or country)

12 MAIDEN NAME OF MOTHER Sadie Cowling

13 BIRTHPLACE OF MOTHER (city or town) Ind. (State or country)

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 14 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1926, to Jan. 12th, 1926, that I last saw h[illegible] alive on Jan 12th, 1926, and that death occurred, on the date stated above, at 10 35 a.m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

miliary tuberculosis

(duration) (known) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) tuberculosis meningitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lumbar puncture

(Signed) E. Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sattler's Cem. Brooklinville — DATE OF BURIAL: Jan 15 1926

20 UNDERTAKER: Wm. H. Hadley — ADDRESS: 815 Washington Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05715 88 E 05715

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1816 W Saratoga St. Ward) 10-5

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gaebel

(a) Residence No. 1816 W. Saratoga St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Conrad Gaebel

6-DATE OF BIRTH (month, day and year) Dec 25, 1849

7-AGE, 76 yrs. 0 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework (none)

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Johanna Zinkhan

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Germany

14- (Informant) Miss Mabel Gaebel

(Address) 1816 W Saratoga St.

15- Filed JAN 14 1926 19: HUBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). January 12, 1926

17- I HEREBY CERTIFY, That I attended deceased from January 10, 1926, to January 12, 1926, that I last saw h.r alive on January 12, 1926, and that death occurred, on the date stated above, at 2.50 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteris-Sclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Wm. H. Neal M. D.

1/13, 1926 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL, Jan 15th, 1926

20-UNDERTAKER Harry Fields

ADDRESS 1200 W Lombard st

Spec.—1-12-23—M&T—500 Bks.

E 05716

HEALTH DEPARTMENT—CITY OF BALTIMORE

-161-002 E 05716

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl McGowan

(a) RESIDENCE NO. 8 S. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 7-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John McGowan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant St. Agnes Hosp.

(Address)

15 Filed APR 14 1926 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1926 to Jan 13, 1926.

that I last saw her alive on Jan 13, 1926

and that death occurred, on the date stated above, at 4-15 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

due to Difficult Labor.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Convulsions —

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clin. Symps

(Signed) Gerard Howell, M. D.

, 19 (Address) Hospital —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Jan 14 1926.

20 UNDERTAKER John F. Gowan & Son ADDRESS 901 Hollins St.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05717

CERTIFICATE OF DEATH.

129 E 05717

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1044 W. Saratoga St. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie White

(a) RESIDENCE NO. 1044 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur White

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Private Domestic

(c) Name of employer —

9 BIRTHPLACE (city or town) Crisfield Md (State or country)

PARENTS

10 NAME OF FATHER Ortie Gumby

11 BIRTHPLACE OF FATHER (city or town) Pocomoke City (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Horsey

13 BIRTHPLACE OF MOTHER (city or town) Hopewell (State or country) Md

14 Informant Oscar Gumby (Address) 1044 W. Saratoga St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 27th, 1925, to January 11th, 1926, that I last saw her alive on January 10th, 1926, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (duration) yrs. 5 mos — ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation & Uraemic Convulsions (duration) — yrs. 5 mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Edward E. Mackenzie, M. D.

(Address) 1339 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Cemetery — DATE OF BURIAL Jan 14 1926

20 UNDERTAKER Wm. Katie R. Williams — ADDRESS 322 A. Schroeder St

Cor.—1-13-25—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05718

E 05718

CERTIFICATE OF DEATH.

25-11 90

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Pennington Ave & Beach St. Curtis Bay. Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L. Stinchcomb.

(a) RESIDENCE No. Glen Burnie, A.A.Co. Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

If married, widowed, or divorced HUSBAND of Bertha Stinchcomb.

DATE OF BIRTH (month, day, and year) March 16, 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	9	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Catherine Emerich. (daughter)

(Address) 1615 Pennington Ave. Curtis Bay.

Filed ....., 192 ..... Registrar

ROBERT P. KRAUTER

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

Oedema of the Lungs

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos ..... ds.

(Signed) Otto M Reinhardt (Coroner.), M. D.

Jany. 13, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Jan 15 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05719

CERTIFICATE OF DEATH.

179 E 05719

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 S. Clinton St. 26-8 WARD)

2-FULL NAME Nelson Brown

(a) RESIDENCE NO. 1709 S. Clinton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Annie Brown

(Address) 1709 S. Clinton St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1926 to Jan 12 1926,

that I last saw him alive on Jan 12, 1926,

and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. J. Davidson M. D.

, 19 (Address) 3035 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Gateway Cem.	Jan. 14 1926
20 UNDERTAKER	ADDRESS
Chas. H. Johnson	446 N. Carlton St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05720

101-001

E 05720

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 104 Welcome Alley ST. 22-2 WARD)

2-FULL NAME Selmer Glenn.(C) (Roll-ing-stone)

(a) RESIDENCE NO. 104 Welcome Alley ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married.

3 If married, ~~WIFE of~~ HUSBAND of ~~DECEASED~~ Maggie Glenn.(C)

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	----	----	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Georgia.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Maggie Glenn.(C)wife.
(Address) 1020 W.Lexington St.

Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 29, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Jany. 12, 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL 192

20 UNDERTAKER ..... ADDRESS .....

UNIVERSITY OF MARYLAND
PUBLIC HEALTH LIBRARY
THE MONEY 0026
JAN 14 1926

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05721

CERTIFICATE OF DEATH.

129 V

E 05721

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2532 Eager Place St., 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George J. Walz.

(a) RESIDENCE NO. 2532 Eager Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Barbara Walz

6 DATE OF BIRTH (month, day, and year): Aug 10 - 1890

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Molder

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer: Gold Dust Co.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Walz.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Mary Bamberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germy

14 Informant: Barbara Walz

(Address) 2532 Eager Place

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13" 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 20 19 25, to Jan 13 19 26, that I last saw him alive on Jan 12 19 26, and that death occurred, on the date stated above, at 7.30a m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter N. White M. D.

1/13 1926 (Address) 2830 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 16 19 26

20 UNDERTAKER: Geo M Frink & Son — ADDRESS: 811 N Howard

ROBERT N. KRAUTER

JAN 4 1926

REGISTRAR OF VITAL STATISTICS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05722

CERTIFICATE OF DEATH.

100 E-001
E-05722

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 3 No Pearl st St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Jennie Abramo

(a) Residence No. 3 No Pearl st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fmale

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6-DATE OF BIRTH (month, day and year) March 26-1924

7-AGE, 1 yrs. 9 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, Natale Abramo

11-BIRTHPLACE OF FATHER (city or town) Italy (State or Country),

12-MAIDEN NAME OF MOTHER, Mary Santa

13-BIRTHPLACE OF MOTHER (city or town) Italy (State or Country),

14- (Informant) Natale Abramo

(Address) 3 N Pearl St

15- Filed ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 13-26

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1926, to Jan 13, 1926, that I last saw h alive on Jan 13, 1926, and that death occurred, on the date stated above, at 1.0 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchitis chr

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Volentine M. D.

Jan 14, 1926 (Address) 14 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral DATE OF BURIAL, 1/15, 1926

20-UNDERTAKER, James. A Jones ADDRESS 120 Pearl st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05723

CERTIFICATE OF DEATH.

100-001

E 05723

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 First St. Westport ST. 25-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gloria Thelma Gallagher

(a) RESIDENCE NO. 627 First St., Westport ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feb. 18, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	1	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Gallagher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Elizabeth Dalziel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mr. JohnGallagher

(Address) 627 First St., Westport

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/2/26, 19..., to 1/12/26, 19...

that I last saw h— alive on 1/11/26, 19...

and that death occurred, on the date stated above, at 9.00 A. M

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) ..... M. D.

(Address) 3755 Frisby

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL (Ann) Holy Cross Cemetery Anundel Co

DATE OF BURIAL Jun 14 1926

20 UNDERTAKER Nelson E. Stiles

ADDRESS 320 Md. Ave Westport

JAN 14 1926

ROBERT R. KRAUSER

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05724

CERTIFICATE OF DEATH.

129 E 05724

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 14-1 WARD)

2-FULL NAME Lucinda, Chaney (Flowers)

(a) RESIDENCE NO. 555 Mosher ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Negro | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12 - 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER Henry Flowers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER Melinda Conley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Ella Thomas
(Address) 547 Lawrence St.

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 10, 1926,

that I last saw h[illegible] alive on Jan 10 1926,

and that death occurred, on the date stated above, at 5 PM m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
(Uremia Convulsions)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J Joseph Jaubey, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Jan. 14 1926

20 UNDERTAKER: Virginia E. Brooks — ADDRESS: 1103 N. Carey

E 05725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05725

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1119 Poplar Grove St. 16-3 Ward)

(If death occurred in hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John W. Diven

(Residence in Baltimore: No. 1119 Poplar Grove St. St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. March 3rd (Month) (Day) 1857 (Year)

7-AGE.	If LESS than 1 day.
68 yrs. 10 mos. 9 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Ward Baking Co.

9-BIRTHPLACE. (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. William Diven

11-BIRTHPLACE OF FATHER. (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Rose Anna Boyce

13-BIRTHPLACE OF MOTHER. (State or Country). Michigan

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary E. Diven

(Address) 1119 Poplar Grove St.

15- JAN 14 1926 HUBERT R. KRAUTER, Burial Permit Clerk.

Filed ..... 192.... (Registrar.)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 12th (Month) (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

1-13 192 6 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	Jan 15 1926

20-UNDERTAKER.	ADDRESS
Joseph B. Cook	1003 N. Bond St.

Spec.—1-10-21—M&T—1500 Blks.

05726

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05726

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 E. Baltimore St., 5-1 WARD)

2-FULL NAME Mary Theresa Maier

(a) RESIDENCE NO. 1206 E. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. D. Maier

6 DATE OF BIRTH (month, day, and year) Sept. 29 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER John Stephan

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Theresa Vogel

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Dr. John W. D. Maier

(Address) 1206 E. Baltimore St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 9- , 1926 , to Jan 12- , 1926 , that I last saw h~~e~~ alive on Jan 12 , 1926 , and that death occurred, on the date stated above, at 10.25 a. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular dis — Atheroma

(duration) 25 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) 6 yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? —

What test confirmed diagnosis? usual

(Signed) Dr. [illegible], M. D.

, 19 (Address) 125 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 15 1926

20 UNDERTAKER Henry Sander & Sons Inc. — ADDRESS 1710 Fleet St

Spec.—1-10-21—M&T—1500 Bks.

05727

HEALTH DEPARTMENT—CITY OF BALTIMORE

24-001

E 05727

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mary Hospital ST., 4-7 WARD)

2-FULL NAME William John Porter

(a) RESIDENCE NO. 1508 N. Carolin ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred since birth mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced—HUSBAND of (or) WIFE of married

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE Years 60 | Months | Days | If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Detective, 06

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER James Porter

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Ely McKay

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Robt L Porter

(Address) 803 N Monroe St.

15 Filed ..... , 19 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-1926

17 I HEREBY CERTIFY, That I attended deceased from May 9th, 1921, to Jan 13, 1926, that I last saw him alive on Jan 13th, 1926, and that death occurred, on the date stated above, at 4.2 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerosis and hypertension

(duration) 4 yrs. 8 mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 hrs.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No ,Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. E. Bonyun M. D.

, 19 (Address) Mary Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Cem DATE OF BURIAL 1/15 26

20 UNDERTAKER Gemmell Tolley Pettigrew & Fayette ADDRESS

JAN 14 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05728

CERTIFICATE OF DEATH.

E 05728

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS Registered No.

City of BALTIMORE: (No. ..... St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Miller

(a) Residence No. 2835 Bernard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6-DATE OF BIRTH (month, day and year) Aug. 25 - 1871

7-AGE 54 yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER Richard H. Akehurst Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Sarah E. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

11- (Informant) Baltimore City Hospitals Records

(Address)

15- Filed ..... 19.. ROBERT R. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 11, 1926

17- I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1925, to Jan. 11, 1926

that I last saw h. alive on Jan. 11, 1926

and that death occurred, on the date stated above, at 10:40 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus → 5 yr

Residual right hemiplegia (cerebral thrombosis) → 2 mos (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ....yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

1/12, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL, Jan. 15, 1926

20-UNDERTAKER Horace H. Burgee — ADDRESS 2631 Falls Road.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05729

CERTIFICATE OF DEATH.

91-006

E 05729

REGISTERED NO. C.....

1-PLACE OF DEATH 26 E 20th St.

CITY OF BALTIMORE: (No. 26th E. 20th St. 12-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Hawkins

(Residence in Baltimore: No. 26th E. 20th St.: 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan (Month) 1st (Day), 1831 (Year)

7-AGE, 95 yrs. 11 mos. 12 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Hawkins

(Address) 26 E. 20th St

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 12 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1926, to Jan 12 1926, that I saw h[illegible] alive on Jan 11 1926, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Confirmation of age

(Duration) 95 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

1/13, 1926 (Address) 2413 St. Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Woodsville County

DATE OF BURIAL, 1-15, 1926

20-UNDERTAKER Emma George H. Holland

ADDRESS 763 Edmondson Hilland

Spec.—1-10-21—M&T—1500 Bks.

E 05730

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05730

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 W. Lanvale Street ST., 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Albert Kennedy

(a) RESIDENCE NO. 1230 W. Lanvale Street ST., WARD Resident.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 40 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) August-19-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pile Driving Capt.

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: McLean Contracting Co.

9 BIRTHPLACE (city or town) (State or country): Quebeck Canada

PARENTS

10 NAME OF FATHER: Robert A. Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Quebeck Canada

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known Not Known

14 Informant: Mr. Wm. B. French

(Address): 1412 Fidelity Bldg.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1926

17 I HEREBY CERTIFY, That I attended deceased from July 25 1925 to Jan 12 1926.

that I last saw him alive on Jan 10 1926

and that death occurred, on the date stated above, at 330 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Syphilitic Intersti Heal Chronic 2½ yrs. mos. ds.

18 Where was disease contracted if not at place of death? +

Did an operation precede death? no Date of +

Was there an autopsy? no

What test confirmed diagnosis? None.

(Signed) V. Van Williams M. D.

, 19 (Address) 601 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Quebec Canada

DATE OF BURIAL: Jan 15 1926.

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS: 108 W. NORTH AVE

E 05731

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05731

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. New Hospital St., 4-1 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Harrison Lewis

(Residence in Baltimore: No. Laurel 2nd St.; yrs.....mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. ..... (Month) ..... (Day) ..... (Year)

7-AGE.	If LESS than 1 day.
66 yrs. 1 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Lewis

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Margueth Kanise

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Records

(Address).....

15-

Filed ..... 192.... ROBERT R. KRAUTER Registrar.

JAN 14 1926 Board of Health Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 13 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident (Burns)

Multiple Burns

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Burns Pneumonia

(Duration) yrs. mos. ds.

(Signed) H. Goldstein M.D. (Coroner.)

Jan 14 192.... (Address) 1918 N Eutaw

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Fallsview Md.	Jan. 16, 1926

20-UNDERTAKER, Jos E French & Sons Inc ADDRESS

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05732

CERTIFICATE OF DEATH.

105 E 05732

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 Fayett st 6-2 ST., WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Milburn

(a) RESIDENCE No. 2014 Fayett cut ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colord	single

6 If married, widowed, or divorced (or) WIFE of W

7 DATE OF BIRTH (month, day, and year) Feb 1887

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	38	11	—	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER David milburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hattie Camper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hattie Milburn

(Address) 2014 Fayett st cut

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec, 19 25, to Jan 12, 1926

that I last saw h alive on Jan 9, 1926

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma 2d Emphysema over

(duration) — yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Acut Cardiac Dilat

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. F. Rodes, M. D.

, 19 (Address) 1902 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL Jan 15 1926

20 UNDERTAKER Edward Bryan

ADDRESS 1691 Orleans St

Spec.—1-10-21—M&T—1500 Blks.

E 05733

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 05733

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leon Weil

(a) RESIDENCE NO. 1700 Eutaw Place St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Weil

6 DATE OF BIRTH (month, day, and year) Sept 22, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City

PARENTS

10 NAME OF FATHER Lussman Weil

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Filseder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14

Informant Seymour L. Weil

(Address)

15

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1926, to Jan 13, 1926.

that I last saw h alive on Jan. 13, 1926

and that death occurred, on the date stated above, at 12:10 P m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) (1) Prostatic hypertrophy

(2) myocarditis (duration) 3 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Sign & Symp.

(Signed) M. Victor Levy, M.D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem.

DATE OF BURIAL 1/15/1926

20 UNDERTAKER David Londheim

ADDRESS 1820 Mo. Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05734

CERTIFICATE OF DEATH.

161-001 E 05734

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 E. Randall ST. 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hoffman

(a) RESIDENCE NO. 420 E. Randall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 hrs How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan 14 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ None

(b) General nature of Industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Melvin Hoffman

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret V. Evans

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant John M. Hoffman (Address)

15 Filed JAN 14 1926, 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to Jan 14, 1926, that I last saw her alive on Jan 14, 1926, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Premature birth

at 6 mos.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H E Krauter, M. D.

1/14, 1926 (Address) 1002 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem DATE OF BURIAL 1/16/26

20 UNDERTAKER J J Fahey & Sons ADDRESS 1318 Light St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05735

16E 05735

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 E Landall St ST. 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hoffman

(a) RESIDENCE NO. 420 E Landall ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	~~Married~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan 14th 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ none

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER John Melvin Hoffman

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret K. Evans

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14

Informant John M. Hoffman

(Address)

15

Filed , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to Jan 14, 1926,

that I last saw h~~im~~alive on Jan 14, 1926,

and that death occurred, on the date stated above, at 12.45 a m.

The CAUSE OF DEATH* was as follows:

Premature birth

at 6 mos.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. E. Krupp M. D.

1/14, 1926 (Address) 1002 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 1926

20 UNDERTAKER C. J. Parker Sons

ADDRESS 315 Light

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05736

CERTIFICATE OF DEATH.

E 05736

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital (St.) 27-13 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flora E. Wareheim

(a) RESIDENCE NO. 1212 Bel Air Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Herschel Wareheim

DATE OF BIRTH (month, day, and year) July 18/1895

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	5	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Carrolton Md

10 NAME OF FATHER Fred C. Friese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ida Commons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant St. Joseph Hospital

(Address)

Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia & Nephritis (Lysol Poisoning-Accident) Mistook lysol bottle for other bottle in dark 3 days (duration) previous) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Collins (Coroner), M. D.

1/12/25, 192 (Address) 508 E. NorthAve

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Jan 15th 1926

20 UNDERTAKER Lesicka Sysur — ADDRESS 1600 Monument Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05737

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2648 Penna. av ST. 15-13 WARD)

2-FULL NAME Mrs Emelia Plitt

(a) RESIDENCE NO. 2648 Penna av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Wht	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Plitt

6 DATE OF BIRTH (month, day, and year) Dec 2nd 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Emil Plitt

11 BIRTHPLACE OF FATHER (city or town) Geo (State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) Ger. (State or country)

14 Informant Emma Plitt
(Address) 2648 Penna av.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1926

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1926, to July 13, 1926, that I last saw h[illegible] alive on July 12, 1926, and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

Valvular heart dis.
duration 1 yr.

Not known (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) old age.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Auscultation

(Signed) [signature], M. D.

7/12, 1926 (Address) 1600 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL July 14 1926

20 UNDERTAKER Joseph Syfer

ADDRESS 1600 W. North

Spec.—1-10-21—M&T—1500 Bks.

Dr Kelly. 100 N. Linwood Ave

E 05738

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 05738

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541 Clifton St. 425 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry E. Sparrow

(a) RESIDENCE NO. 1541 Clifton St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Madge Sparrow

6 DATE OF BIRTH (month, day, and year) March 31 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	64	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butter & Egg Buyer

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick County

PARENTS

10 NAME OF FATHER: Allen Sparrow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co Md

12 MAIDEN NAME OF MOTHER: Last town

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Co Md

14 Informant: Madge C. Sparrow

(Address): 1541 Clifton Ave

15 Filed ....., 19 ..... Registrar

1 JAN 1926 Robert P. Harrison

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 13, 1926, that I last saw h[illegible] alive on Jan 13, 1926 and that death occurred, on the date stated above, at 2.40 a m.

The CAUSE OF DEATH* was as follows:

Rupture of Coronary Artery

2 hours (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Edward J. Kelly M. D.

, 19 (Address) 100 N. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 1/15 1926

20 UNDERTAKER: Wm Cook

ADDRESS: Scott Valley

Spec.—1-10-21—M&T—1500 Bks.

E 05739

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 02

E 05739

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 N. Milton Ave. St.) (WARD) 8-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Concetta Deluca.

(a) RESIDENCE NO. 1216 N. Milton Ave. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leopold Deluca

6 DATE OF BIRTH (month, day, and year): ? ? 1845

7 AGE: Years 81; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Joseph Balzano (Address) 1216 N. Milton Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 13, 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925 to Jan. 13, 1926

that I last saw h... alive on Jan 7, 1926

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Peters 2nd M. D.

1. 13. 1926 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincent Cemetery

DATE OF BURIAL: Jan 15th 1926

20 UNDERTAKER: Wm Cook.

ADDRESS 502 E North Ave.

Robert P. Harrison

1926

Local Registrar

...r.—1-12-23—M&T—100 Bks.

E 05740

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 05740

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N. Calvert ST., 8-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Smith

(a) RESIDENCE NO. 1900 Block Patterson Peall ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Man	White	Married

Married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of unknown

6 DATE OF BIRTH (month, day, and year) Oct 17-1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	2	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Manager (Base ball team)
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

9 BIRTHPLACE (city or town) Baltimore,
(State or country)

10 NAME OF FATHER Jno. Smith

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Dora Hosford

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Dora Smith
(Address) 814 Beaumont Av

Filed JAN 14 1926, 192 ...

Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valv. disease heart

Hard Burn (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) M. V. Pitley (Coroner.), M. D.

Jan 14, 1926 (Address) 1639 Labadie

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL Jan 16 1926

20 UNDERTAKER Wm Cook.

ADDRESS 502 E North ave

Spec.—1-10-21—M&T—1500 Bks.

E 05741

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05741

CERTIFICATE OF DEATH.

REGISTERED NO. 1765

1-PLACE OF DEATH mim memorial hospital

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Clarence W. Treadway

(a) RESIDENCE NO. 175 Ann St, Asheville, N. C.
(Usual place of abode) ST., WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Clarence W. Treadway

6 DATE OF BIRTH (month, day, and year) Jan. 29 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bank - cashier

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) Asheville, N. C.
(State or country)

PARENTS

10 NAME OF FATHER Mr. John R. Treadway

11 BIRTHPLACE OF FATHER (city or town) Asheville,
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Margaret R. Wells

13 BIRTHPLACE OF MOTHER (city or town) Asheville,
(State or country) N. C.

14 Informant Margaret W. Treadway
(Address) 175 Ann Asheville N. C.

15 Filed ..... , 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 5 , 1926 , to Jan. 14 , 1926 ,
that I last saw him alive on Jan. 14 , 1926
and that death occurred, on the date stated above, at 1:30 A m.

The CAUSE OF DEATH* was as follows:

Lymphoid leukaemia - acute

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Blood exam.

(Signed) Charles Thelma Boyd, M. D.

, 19 (Address) Ann St Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asheville N.C.

DATE OF BURIAL 1/14 1926

20 UNDERTAKER Wm Cook

ADDRESS for E Nat

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 05742

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 741 Vine St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie Short

(a) Residence No. 741 Vine St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Barton Short

6-DATE OF BIRTH (month, day and year) June 24 1885

7-AGE. 40 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Spencer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Annie Thompson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14- (Informant) Carrie Hendricks

(Address) 774 N Bentalou st

15- Filed ..... 192 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/12/26

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1925 to Jan 12 1926

that I last saw h.. alive on Jan 11 1926

and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) AC. neuritis

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

1/12, 1926 (Signed) H. S. McCard M. D.

(Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt auburn — DATE OF BURIAL, Jan 15, 1926

20-UNDERTAKER. Lottie Gross — ADDRESS 1465 McElderry

Robert P. Harrison
Chief Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05743 E 05743

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital 1-1 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Williams

(a) RESIDENCE NO. Patapsco Hotel Sparrows Point ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country) Fayetteville N. C.

PARENTS

10 NAME OF FATHER Sandy Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Bethlehem Steel Co

(Address) Sparrows Pt

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/12 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 9 1926 to Jan 12 1926

that I last saw him alive on Jan 12 1926,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Over

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Sparrows Point Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) John W. Gaines M. D.

. 19 (Address) 1611 W. Fairvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fayetteville N. C.	Jan 14 1926
20 UNDERTAKER	ADDRESS
Chas F. Denny	715 Light St

Robert P. Harrison, Burial Permit Officer

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05744 E 05744 131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 409- N. Calhoun St. 14-1

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Malcie B. Hudson

(a) RESIDENCE NO. 409 N. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. 4 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Hudson

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bedford Co Va

PARENTS

10 NAME OF FATHER Jas E. Hudson

11 BIRTHPLACE OF FATHER (city or town) Waugh (State or country) Bedford Co Va.

12 MAIDEN NAME OF MOTHER Martha Huffaker

13 BIRTHPLACE OF MOTHER (city or town) Waugh (State or country) Bedford Co Va

14 Informant Mrs John Walker
(Address) 409 N Calhoun

15 Filed ..... 19 .....
Registrar

4 1926 Robert P. Harrison,
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 14 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/10, 1926, to 1/14, 1926.

that I last saw him alive on 1/13, 1926,

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pyelo Nephrosis

(duration) yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab

(Signed) Gustav Goldman M. D.

19 (Address) 836 N Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Waugh Va

DATE OF BURIAL Jan 16th 1926

20 UNDERTAKER Robert Brookeson

ADDRESS Cor Calhoun Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 05745

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05745

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 University Parkway ST. 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Achsah Carroll Preston

(a) RESIDENCE NO. 829 University Parkway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 3. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER J. Alexander Preston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Md

12 MAIDEN NAME OF MOTHER A.R. Carroll

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Alexander Preston (Address) 829 University Parkway

15 Filed ....., 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Jany 13, 1926, that I last saw h[illegible] alive on Jany 13, 1926, and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Metastatic Abdominal Carcinomata with Ascites (duration) yrs. Not known mos. ds.

CONTRIBUTORY (Secondary) Carcinoma right ovary (duration) yrs. Not known mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Dec 19.

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. Warren Buckler M. D.

Jany 15 1926 (Address) 606 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kerrigan Md

DATE OF BURIAL Jan 15 1926

20 UNDERTAKER Henry W. Jenkins & Co

ADDRESS Orchard & Collok St

4-1926

Burial Permit Clerk

Spec.—1-12-23—M&T—500 Bks.

Time of burial extended to Friday a.m. Jan. 15/26.
J. Frederick Hempel Asst Com.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05746

CERTIFICATE OF DEATH.

E 05746

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 Dover St. 22-C Ward)

2-FULL NAME Bernard Rouzier

(a) RESIDENCE No. 637 Dover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Child

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept-10-1919

7 AGE — Years: 6 — Months: 4 — Days: 2 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Richard Rouzier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Tracy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Annie Rouzier

(Address) 637 Dover St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan-5, 1926, to Jan, 12, 1926, that I last saw h[illegible] alive on Jan, 12 1926, and that death occurred, on the date stated above, at 8:20 P.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) — yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) Measles,

(duration) — yrs. — mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? No

(Signed) Dan Francini M. D.

, 19 (Address) 122 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Augustine's Cem

DATE OF BURIAL: 1/15 1926

20 UNDERTAKER: Eldridge Samuel Knowles

ADDRESS 538 N Eutaw St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05747 57 E 05747

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar Taylor.(C)

(a) RESIDENCE NO. 1207 Plum Alley. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) March 31, 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	9	12 11	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 40
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimord, Md
(State or country)

10 NAME OF FATHER Arnold Taylor.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Green.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

Informant Rose Taylor.(C) sister.
(Address) 117 N. Schroeder st.

Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 12, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.
Uraemia.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Jany. 14, 1926 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 1/15 1926

20 UNDERTAKER Samuel Hensley ADDRESS 537 Bible

Spec.—1-10-21—M&T—1500 Bks.

E 05748

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05748

CERTIFICATE OF DEATH.

31

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 W. Lanvale ST. 16-1 WARD)

2-FULL NAME Mary E. Williams

(a) RESIDENCE No. 1508 W. Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 3, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mabel Williams
(Address) 1508 W. Lanvale

15 Filed 4 1926, 19... Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1925, to Jan 12th, 1926, that I last saw her alive on Jan 12th, 1926, and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 7 mos — ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) — yrs. 7 mos. — ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? Microscopical

(Signed) Harry F. Brown, M. D.

11/14 1926 (Address) 1501 Presstman st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 1/15 1926

20 UNDERTAKER Samuel H. Busby

ADDRESS 578 N. Eden

E 05749 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05749

CERTIFICATE OF DEATH.

Registered No. C 29

1-PLACE OF DEATH

City of BALTIMORE: (No. Univ Maryland St. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. R. Albritter Jr.

(Residence in Baltimore: No 2143 Fountain St. St.; yrs. mos. ds.)

2 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Nov 10 1886 (Month) (Day) (Year)

7-AGE: 39 yrs. 2 mos. 17 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): Freight Yard B&O R.R.

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Geo R Albritter

11-BIRTHPLACE OF FATHER, (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Anna J Englehart

13-BIRTHPLACE OF MOTHER, (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital

(Address)

15-

Filed ..... 192.....

Registrar.

Robert F. Harrison,
1926 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13- 26 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident

Contused Foot (Acc.)

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. 7 hrs.

(Signed) G Stokes M. D. (Coroner)

Jan 19 26 (Date) (Address) 1423 N Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Jan 15 1926

20-UNDERTAKER: Wm L Schwab

ADDRESS 710 Frederick Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05750 114 E 05750

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 3002 St. Paul St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lily Fountain

(a) Residence No. 3002 St. Paul St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: --------

6-DATE OF BIRTH (month, day and year): Oct. 11, 188[illegible]

7-AGE: 39 yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town): Baltimore
(State or Country): Maryland

PARENTS.

10-NAME OF FATHER: John R. Fountain

11-BIRTHPLACE OF FATHER (city or town): Baltimore
(State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Rebecca C. -----

13-BIRTHPLACE OF MOTHER (city or town): Talbot Co.
(State or Country): Md.

14- (Informant): Miss Pearl Fountain
(Address): 3002 St. Paul Street

15- Filed ... 1926 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 13, 1926

17- I HEREBY CERTIFY, That I attended deceased from July 14 1920 to Jan 13 1926 that I last saw her alive on Jan 13 1926 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Ulcerative Colitis with various complications - recto-vaginal fistula, multiple abscesses

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? not during Date of Dec-1925 Dec-1921

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harvey B Stone M. D.

, 19 (Address) 18 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: 1/15 19 26

20-UNDERTAKER: Henry W. Spears and Son

ADDRESS: 805 N. Calvert

Spec.—1-10-21—M&T—1500 Bks.

E 05751 HEALTH DEPARTMENT—CITY OF BALTIMORE 179 05751

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 2819 E. Jefferson St. 6-3
CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

2-FULL NAME Matthew Diess, Sr.

(a) RESIDENCE NO. 2819 E Jefferson St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 55 yrs ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 8, 1854

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
71	1	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor 080
(b) General nature of Industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Bavaria
(State or country) Germany

PARENTS
10 NAME OF FATHER John Diess
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Bochrens
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Matthew Diess Jr.
(Address) 1401 N. Montford Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1926, to Jan. 14, 1926.
that I last saw h alive on Jan. 14, 1926.
and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency

(duration) ... yrs. ... mos 2 ds.
CONTRIBUTORY (Secondary) Hypostatic pneumonia
(duration) 4 yrs. 2 mos. 3 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of ...
Was there an autopsy? ...
What test confirmed diagnosis? ...

(Signed) L. C. Dobihal, M. D.
, 19 (Address) 447 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 18 1926
20 UNDERTAKER Jos. J. Derr 1064 N. Linwood — ADDRESS

JAN 15 1926

Spec.—1-10-21—M&T—1500 Bks.

SMITH

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05752

CERTIFICATE OF DEATH.

1-PLACE OF DEATH E 05752

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. , ST., WARD)

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Smith

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Black 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 12 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			one	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) U. S.

PARENTS

10 NAME OF FATHER Alexander Smith

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) U. S.

12 MAIDEN NAME OF MOTHER Johanna Smith

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) U. S.

14 Informant D E Sisson

(Address) Johns Hopkins Hospital.

15 Filed ....., 19 .....

HUBERT R. KRAUTH
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13 1926

17

I HEREBY CERTIFY, That I attended deceased from 1-12, 1926, to 1-13, 1926,

that I last saw him alive on 1-13, 1926,

and that death occurred, on the date stated above, at 9 00 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) D E Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS .....

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05753 05753

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 Clifton ST. 15-11 WARD)

REGISTERED NO. 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leah Shapiro

(a) RESIDENCE NO. 1831 Clifton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? 43 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Max Shapiro

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
19	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Warsaw Poland

PARENTS

10 NAME OF FATHER Morris Roman

11 BIRTHPLACE OF FATHER (city or town) Warsaw (State or country) Poland

12 MAIDEN NAME OF MOTHER Goldie

13 BIRTHPLACE OF MOTHER (city or town) Warsaw (State or country) Poland

14 Informant Pearl Fruchtenberg (Address) 1831 Clifton Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14 1926

17 I HEREBY CERTIFY, That I attended deceased from December 8, 1925 to January 14, 1926, that I last saw her alive on January 14, 1926, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alfred A. Bendick, M. D.

Jan 14 1926 (Address) 2221 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Woods Road — DATE OF BURIAL 1/15 1926

20 UNDERTAKER Jack Levi's 1429 E Balt St — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 05754

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 05754

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. ST., 28-1 WARD)

2-FULL NAME Baby. Miriama Felser.

(a) RESIDENCE NO. 412 Penhurst Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed,~~ or Divorced, ~~(write the word)~~ —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 27-1921

7 AGE Years 4 Months 10 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balt city md

PARENTS

10 NAME OF FATHER Isaac W. Felser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt city Md

12 MAIDEN NAME OF MOTHER Kate Schiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt city Md

14 Informant Jack Levis (Address) 1439 E Balt St

15 Filed ..... , 19 ..... Registrar

ROBERT R. KRAUTER, Registrar

JAN 15 1926 Vital Records Office

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14- 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-13- .1926. to 1-14- .1926.

that I last saw her alive on 1-14- .1926,

and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. mos. — ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) H Bryan M.D., M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 1/15 1926

20 UNDERTAKER Jack Levis 1439 E Balt St

ADDRESS .....

Spec—12-23-21—E.B.R.S.—400 Eks.

E 05755 HEALTH DEPARTMENT—CITY OF BALTIMORE 46 E 05755

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals Registered No.

City of BALTIMORE: (No. Baltimore Md. St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Hawkins

(a) Residence No. 527 Barre Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1876

7-AGE. 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (city or town) (State or Country), ?

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), ?

11- (Informant) Hospital Records

(Address) Baltimore City Hospitals

15- Filed JAN 15 1926 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 13-1926

17- I HEREBY CERTIFY, That I attended deceased from 12-3- 1925 to Jan 13- 1926 that I last saw her alive on Jan 13 1926 and that death occurred, on the date stated above, at 840 P m.

The CAUSE OF DEATH* was as follows:

Solid Carcenoma of left Ovary.

& metastasis

(Duration) unknown ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Chas P. Champe Jr M. D.

(Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Olivet DATE OF BURIAL, Jan 16 1926

20-UNDERTAKER J. E. Brown's Son ADDRESS 1618 W. Monty

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05756

CERTIFICATE OF DEATH.

Registered No. C 05756

1-PLACE OF DEATH

City of BALTIMORE: (No. 824 Lemon. St., 18-3 Ward) 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank. West.

(Residence in Baltimore: No. 824 Lemon. St.; yrs. Unk mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

6-DATE OF BIRTH: Unknown (Month) (Day) 1872 (Year)

7-AGE: 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): 087

9-BIRTHPLACE, (State or Country): Unknown

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles R. Mason

(Address) 824 Lemon St

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan 12 (Month) (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, an Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) J. C. Hall M. D.
(Coroner)

Jan 13 192 (Address) 143 E Biddle

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion Ct DATE OF BURIAL: Jan 15 192 6

20-UNDERTAKER: S. E. Brown & Son ADDRESS 108 W. Monty St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05757

CERTIFICATE OF DEATH.

101 E 05757

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2nd Genl Hosp. 16-S WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis E. Leitch

(a) RESIDENCE NO. 1907 W Lanvale St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Louis E. Leitch

6 DATE OF BIRTH (month, day, and year) Nov. 12, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER G. C. Leitch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rh. Leitch

(Address) 1907 W Lanvale

15 Filed , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/13/26 19

17 I HEREBY CERTIFY, That I attended deceased from 1/12/26, 19 , to 1/13/26, 19 ,

that I last saw h alive on 1/13/26, 19

and that death occurred, on the date stated above, at 6 45 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

Chronic Nephritis

(duration) yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) Uremia & Toxemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Thompson M. D.

, 19 (Address) 1st Genl Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Jan 16, 26
20 UNDERTAKER	ADDRESS
Fun. Mus. John W. Teufel & Son	801 W. Fayette

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05758

CERTIFICATE OF DEATH.

E 05758

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 N. Mount ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Mann

(a) RESIDENCE NO. 11 Arbutus ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Mann

7 DATE OF BIRTH (month, day, and year) Jan. 7, 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32 yrs	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister 018

(b) General nature of industry, business, or establishment in which employed (or employer) Religion

(c) Name of employer Pentecostal Church

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Dunard

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Dunard

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Emma Mann

(Address) 11 Arbutus St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10/1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1926, to Jan 11, 1926, that I last saw h. im alive on Jan 11, 1926 and that death occurred, on the date stated above, at 2.25 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary) Chronic Valvular heart disease (duration) 2 yrs. 2 mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical

(Signed) Jno. W. Hull, M. D.

1/13, 1926 (Address) 1122 N Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Jan 14/1926
20 UNDERTAKER Dame Easton	ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

187 703 P.M. 11 43 E 05759

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 05759

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 14-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Poole

(a) RESIDENCE NO. 227 N. Gilmore St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 840

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) N. C. ?

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) ? (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) Unknown (State or country)

14 Informant (Address) Records

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 31, 19 25 to Jan 12, 19 26

that I last saw him alive on Jan 12, 19 26,

and that death occurred, on the date stated above, at 11 15 Pm.

The CAUSE OF DEATH* was as follows:

Pneumonia (lobar)

(duration) yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Blood culture F.R.

(Signed) Chester S. Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Feller bes — DATE OF BURIAL Jan 14 1926

20 UNDERTAKER Dan Tracy — ADDRESS 916 Bond

JOHNS HOPKINS HOSPITAL JAN 15 1926 BURIAL PERMIT ISSUED

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05760 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05760

CERTIFICATE OF DEATH.

70

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1047 Argyle ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Naperban Henderson

(a) RESIDENCE. No. 1047 Argyle ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ice Truck

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Nelson Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sallie Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Julia Henson
(Address) 1047 Argyle ave

15 Filed . . . . . 19 . . . . .
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1926 to Jan 13 1926 that I last saw him alive on Jan 10 1926 and that death occurred, on the date stated above, at 7.00 A m.

The CAUSE OF DEATH* was as follows:

Abcess of Brain

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Ear infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos Woolridge M. D.

1-13 1926 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Marrys Point Va	Jan 14 1926
20 UNDERTAKER Daniel Easton	ADDRESS 916 Ea-av

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05761 — CERTIFICATE OF DEATH. — 179 E 05761

1-PLACE OF DEATH

City of BALTIMORE: (No. 594 Preston St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Robert Easley

(a) Residence No. 594 Preston St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	C	M

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Ella Easley

6-DATE OF BIRTH (month, day and year) Mch 21 1850

7-AGE, 10

45 yrs. 11 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Minister

(b) General nature of industry, business, or establishment in which employed (or employer): 018

(c) Name of employer: Va

9-BIRTHPLACE (city or town) (State or Country),

PARENTS.

10-NAME OF FATHER, Henry Easley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Sallie Croddock

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14- (Informant) Ella Easley

(Address) 594 Preston St

15- Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 12 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 9, 1926, to Jan 12 1926, that I last saw h... alive on Jan 12 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary - Typical

(Signed) W. H. Mackey M. D.

Jan 12, 1926 (Address) 1209 Preston St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Old Court Va — DATE OF BURIAL, Jan 14 1926

20-UNDERTAKER, Jane Easter — ADDRESS 916 Pine

E 05762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital St. 11-1 Ward)

Registered No. C 188-003 E 05762

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Joseph Johnson

(Residence in Baltimore: No. 1320 Rutter St. St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH. about (Month) (Day) 1855 (Year)

7-AGE. 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Brown Contracting Co.

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER, (State or Country). [illegible]

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Brown

(Address) 1320 Rutter St.

15- Filed JAN 15 1926, 19..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 13 (Day) 192[illegible] (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Ruptured of bladder and intestines

Contributory (Secondary) and homicidal accident

(Duration) yrs. mos. 1 ds.

(Duration) yrs. mos. ds.

(Signed) [illegible] Hennessey, M. D. (Coroner.)

Jan 15 1926 (Address) 2512 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Manner of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Rock Hall Md — DATE OF BURIAL. Jan 16/1926

20-UNDERTAKER. Daniel Easton — ADDRESS 916 Eaton

E 05763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-001

E 05763

1-PLACE OF DEATH

City of BALTIMORE: (No. 1071 Myrtle Ave St. 17-W Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Mary Coates

(Residence in Baltimore: No. 1071 Myrtle Ave St.; 50 yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	married

6-DATE OF BIRTH. about 1860
(Month) (Day) (Year)

7-AGE. 65 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Ellsworth Thomas

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Coates

(Address)..... 1071 Myrtle Ave.,

15-

Filed ..... 192.....

JAN 15 1926 HUBERT R. FRAZIER, Registrar. SOCIAL SERVICE DEPT.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 12, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage,

(Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) no history

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Jan 13 1926 (Address) 7 E Madison Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	1/15/26 19....
20-UNDERTAKER. Wm. A. Elliott	ADDRESS 1125 Ashland

Spec.—1-10-21—M&T—1500 Blks.

E 05764

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 05764

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2237 W. LEXINGTON ST., 20-3 20TH WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MRS. MARY VIRGINIA SCHAUB

(a) RESIDENCE No. 2237 W. LEXINGTON ST., 20TH WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? —— yrs. —— mos. —— ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
FEMALE	WHITE	MARRIED

5a If married, widowed, or divorced [redacted] of EDWARD SCHAUB

6 DATE OF BIRTH (month, day, and year) JULY 6, 1899.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	26	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HOUSE WIFE

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

PARENTS

10 NAME OF FATHER WM T. HACKETT.

11 BIRTHPLACE OF FATHER (city or town) (State or country) MARTINSBURG W.VA.

12 MAIDEN NAME OF MOTHER NANNY BOYLE

13 BIRTHPLACE OF MOTHER (city or town) (State or country) BALTIMORE MD

14 Informant EDWARD SCHAUB

(Address) 2237 W. LEXINGTON STR

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 13 1926.

17 I HEREBY CERTIFY, That I attended deceased from SEPT 5, 1925. to JAN 13, 1926.

that I last saw HER alive on JAN 12, 1926.

and that death occurred, on the date stated above, at 12 05 A m.

The CAUSE OF DEATH* was as follows:

BACTERIAL ENDOCARDITIS

(duration) yrs. 2 mos 10 ds.

CONTRIBUTORY (Secondary) BRONCHO PNEUMONIA

(duration) yrs. —— mos. 4 ds.

18 Where was disease contracted if not at place of death? HOME

Did an operation precede death? NO Date of ——

Was there an autopsy? NO—

What test confirmed diagnosis? SIGNS & SYMPTOMS

(Signed) James E. Peterman, M. D.

, 19 (Address) 1228 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Jan 16 1926

20 UNDERTAKER J. B. Hufnagel ADDRESS 1850 W. Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 05765 HEALTH DEPARTMENT—CITY OF BALTIMORE 21 1926 72

E 05765 1854

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 N. Fremont St., Ward 13)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Neumann

(a) RESIDENCE No. 2119 N. Fremont St., Ward 20th

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 53 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND (or) WIFE of: Chas Neumann

6 DATE OF BIRTH (month, day, and year): Mar 15 1854

7 AGE: Years 71 Months 9 Days 28

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Bechtel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dieglen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Marie B. Bernhard

(Address) 2119 N. Fremont St.

15 Filed ..., 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-28-, 1925, to Jan 11, 1926, that I last saw her alive on Jan 11, 1926, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. ? mos ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? none

What test confirmed diagnosis? clinical

(Signed) C. Hilbert Heuisler M. D.

1926 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan 15th 1926

20 UNDERTAKER: F B Pulsifer — ADDRESS: 1853 W. Balto. St.

Spec.—1-10-21—M&T—1500 Bks.

E 05766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05766

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2017 W Lexington ST. (WARD) 20th

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Rogers

(a) RESIDENCE No. 2017 W Lexington ST. 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 4 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas P. Rogers

6 DATE OF BIRTH (month, day, and year) Aug 26-1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) 2017 W Lexington St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 28 1925 to Jan 18th 1926.

That I last saw her alive on Jan 12th 1926,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & X-ray

(Signed) L. L. Gordy, M. D.

1-14-1926 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL—CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Jan 15th 1926

20 UNDERTAKER: F. D. Weppert — ADDRESS: 850 W. Baltimore St

JAN 15 1926

ROBERT R. KRAUTER

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05767

CERTIFICATE OF DEATH.

90 05767

1-PLACE OF DEATH

City of BALTIMORE: (No. 915 N. Fremont Ave. St., 14-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Miles

(Residence in Baltimore: No. 915 N. Fremont Ave St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: July (Month) 15, (Day) 1881 (Year)

7-AGE: 44 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Frank Miles

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Ellen Smith

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Myers

(Address) 44 St. Wash D. C.

15-

Filed..... 192.....

Registrar.

JAN 15 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Jan., (Day) 12, (Year) 1926.

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) J. T. S. Hennessy M. D.
(Coroner.)

Jan. 14 1926 (Address) 25 S. Eutaw ave.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt. Zion Cemtery — DATE OF BURIAL: Jan. 16, 1926

20-UNDERTAKER: Walter B. Spriggs — ADDRESS: 139 W. Hamburg St.

Cor.—1-12-23—M&T—100 Bks.

E 05768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 05768

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 W. Barre St. ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Kane.

(a) RESIDENCE NO. 115 W. Barre St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow.

5a If married, widowed, or divorced (or) WIFE of Michael Kane.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	92	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Cavanaugh.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Katherine Kane. (niece)
(Address) 1909 Eutaw Place.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos ..... ds.

(Signed) Otto M Reinhardt, M. D. (Coroner.)

Jany 15, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemtry	Jan 16 1926
20 UNDERTAKER	ADDRESS
F. A. Krause & Son.	703 Hanover

Spec.—1-10-21—M&T—1500 Blks.

E 05769

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05769

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 N Rose ST., 63 WARD)

2-FULL NAME Elizebeth B Wells

(a) RESIDENCE NO. 240 N Rose ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ or) WIFE of: Walter M. Wells

6 DATE OF BIRTH (month, day, and year): Feb — 1887

7 AGE: 38 Years, 11 Months, ... Days. If LESS than 1 day, ... hrs. or ..... min.

39.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Atlanta Ga

PARENTS

10 NAME OF FATHER: Thomas J Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country): Atlanta Ga

12 MAIDEN NAME OF MOTHER: Maggie Gauber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Atlanta Ga

14 Informant: Walter M Wells

(Address): 240 N Rose st.

15 Filed ....., 19 ..... Registrar

JAN 15 1926 JOHN D. R. KRAUTER REGISTRAR VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1925, to Jan 13, 1926, that I last saw her alive on Jan 13, 1926, and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

(duration) 5 years 2 mos 5 ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. Geyer, M. D.

, 19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery. DATE OF BURIAL: Jan 16 1926

20 UNDERTAKER: Robt J. Turner, Inc. ADDRESS: 1442 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 05770

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05770

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 N Collington ave St., 8-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J manson

(a) RESIDENCE No. 1413 N Collington ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 ~~Single~~, Married, Widowed, ~~or Divorced~~, (write the word) Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Alice M Manson

6 DATE OF BIRTH (month, day, and year) Apr 27 1879

7 AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	46	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Harry C Manson

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Ellen Corcoran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James H Manson

(Address) 1413 N Collington ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926

17 I HEREBY CERTIFY, That I attended deceased from March 25, 19 25, to January 13, 19 26,

that I last saw him alive on Jan 12, 19 26,

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Sarcoma (Small round cell)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis in Brain

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of May 1925

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic Exam.

(Signed) Louis H McKahan, M. D.

(Address) 1500 E. Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Jan 16 1926

20 UNDERTAKER Robt J Turner Son

ADDRESS 1442 E Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05771 E 05771

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Payson and Dukeland ST. 16-3 WARD)

2-FULL NAME Annie Scott

931 Dukeland St. Mrs Pat Eyes Mrs

(a) RESIDENCE NO. 3 Dukeland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Wm H Scott

6 DATE OF BIRTH (month, day, and year): June 20-1866

7 AGE: Years 059 Months 6 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Tobias Patzckke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dora Kroon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs E Lupton

(Address): 1120 Eden St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/13 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/29, 1925, to 1/13, 1926.

that I last saw h alive on 1/13, 1926.

and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Diabetic gangrene of leg

(duration) 3 yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 1/3/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. Mayer, M. D.

, 19 * (Address) W. B. & H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Matthews Cemetery — DATE OF BURIAL: Jan 16 1926

20 UNDERTAKER: John Leerich — ADDRESS: 2008 Orleans

Spec.—1-12-23—M&T—500 Bks.

E 05772 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05772

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital #1. REGISTERED NO. 36

CITY OF BALTIMORE: (No. 1 Baltimore, Md ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Griffin

(a) RESIDENCE No. 1712 Aliceanna St ST., WARD
(Usual place of abode) Baltimore, Md (If non-resident give city or town and State)
Length of residence in city or town where death occurred 20 yrs 26 ~~days~~ ds. How long in U. S., If of foreign birth? 0 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 2 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	7	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) Cook.
(c) Name of employer

9 BIRTHPLACE (city or town) Illinois
(State or country)

PARENTS

10 NAME OF FATHER Frank Griffin Sr.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Self.
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14 1926.

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1926 to January 14 1926, that I last saw him alive on January 14, 1926, and that death occurred, on the date stated above, at 2 20 a m.

The CAUSE OF DEATH* was as follows:
Intercurrent of Liver

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.
Did an operation precede death? Yes Date of June 11, 1926.
Was there an autopsy? Yes.
What test confirmed diagnosis? Physical findings & laboratory findings
(Signed) M. N. Flynn, M. D.
, 19 (Address) U.S. Marine Hospital #1. Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus.	Jan 16" 1926.
20 UNDERTAKER	**ADDRESS**
M. J. Jaclowski.	405 S. Ann

Spec.—1-10-21—M&T—1500 Bks.

Dr Fisher 1823 N Washington Ave

E 05773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 E 05773

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 Collington Ave ST., 8 WARD)

2-FULL NAME Mamie Rockford

(a) RESIDENCE No. 1822 Collington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	N.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Rockford

6 DATE OF BIRTH (month, day, and year) March 2, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Casper Alt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Silver

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant William Rockford (Address) 1822 Collington Ave

15 Filed ....., 19 ..... Registrar

ROBERT R. KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 14, 1926, that I last saw h[illegible] alive on Jan 14, 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. X ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

1/15, 1926 (Address) 1823 N. Broadway.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Jan 18 1926

20 UNDERTAKER Wm. Cook — ADDRESS 522 E Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

Dr Connor 1101 Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05774

CERTIFICATE OF DEATH.

74-001

E 05774

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2300 Reisterstown Road (ST.) 15-3 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otto Wacker

(a) RESIDENCE NO. 2300 Reisterstown Rd ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada Wacker

6 DATE OF BIRTH (month, day, and year): Apr 21, 1862

7 AGE — Years: 63 — Months: 8 — Days: 19 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: Maryland Pie Co

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Philip Wacker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Richmond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Ada Wacker

(Address) 2300 Reisterstown Rd

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1925, to Jan 13, 1926, that I last saw h[illegible] alive on Jan 12 1926 and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage apoplexy.

(duration) — yrs. — mos 14 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) Unknown — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Chas. C. Conner, M. D.

1/14, 1926 (Address) 1101 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 16 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 1022 E Northern

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05775

CERTIFICATE OF DEATH.

90 E 05775

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 421 N. Caroline ST., 2-1 WARD)

2-FULL NAME Estelle Boston

(a) RESIDENCE NO. 421 N. Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Charles Boston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rachel Fuller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rachel Thompson (mother)
(Address) 1420 Mullikin St.

15 Filed ....., 192 ..... Registrar

ROBERT R. KRAUTER
Health Commissioner

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Failure
(Convalescent from Pneumonia)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Boos M. D.
(Coroner.)

1/14/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Jan 16 192
20 UNDERTAKER	ADDRESS
Chas. H. Johnson	111 N. Carey

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05776

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05776

CERTIFICATE OF DEATH.

D8-1 101-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Haddon ave west of Brooks Terrace

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Elizabeth Ogden

(a) Residence No. Haddon ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	M

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Tolbert L Ogden

6-DATE OF BIRTH (month, day and year) Aug 8 63

7-AGE. 62 yrs. 5 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Henry L Gudick

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Holly

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country). Pa

14- (Informant) Tolbert L. Ogden

(Address) Haddon ave

15-

Filed....., 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 13th 26.

17- I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1926 to Jan 13, 1926

that I last saw h~~e~~ alive on Jan 13, 1926

and that death occurred, on the date stated above, at 7 15 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ~~Was~~ Date of

Was there an autopsy? no

What test confirmed diagnosis? Amen blakgore

(Signed) A. C. Gunnels M. D.

(Address) 4301 Liberty Hgts ave

Jan 13, 1926

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Woodlawn bur	Jan 16, 1926
20-UNDERTAKER. W M Routson	ADDRESS 2237 N Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05777 E 05777

CERTIFICATE OF DEATH.

74-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J Fitzsimmons

(Residence in Baltimore: No. 23 N Gilmor St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	single

6-DATE OF BIRTH. November 30 1883
(Month) (Day) (Year)

7-AGE. 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Watchman
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Hugh Fitzsimmons

11-BIRTHPLACE OF FATHER. (State or Country) Ireland

12-MAIDEN NAME OF MOTHER. Ann B Bradley

13-BIRTHPLACE OF MOTHER. (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M Jos Fitzsimmons

(Address) 738 E Preston St

15-

Filed ..... 192.....

ROBERT R. KRAUTER
JAN 15 1926
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 12th 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Jan 14 192 6 (Address) 1639 Woodbury

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death. yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Peters Cem. DATE OF BURIAL. Jan 16th 1926

20-UNDERTAKER. Edw F Cawson Co. ADDRESS 901 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

E 05778

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05778

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 Patapsco ST. 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Butler

(a) RESIDENCE NO. 1730 Patapsco ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married.

5a If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Sarah Butler

6 DATE OF BIRTH (month, day, and year) Unknown 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thos Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. Sarah Butler

(Address) 1730 Patapsco St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1.13. 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1925, to Jan. 13, 1926, that I last saw him alive on Jan. 12, 1926 and that death occurred, on the date stated above, at 2.35A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver & Gall Bladder

(duration) Don't know yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs, symptoms

(Signed) Edward Norris, M. D.

1/14/26 (Address) 107 E. West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem.

DATE OF BURIAL Jan 16 1926

20 UNDERTAKER John F. Gallagher & Co. Chas F. Loewer

ADDRESS 901 Hollins St

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

05779 E 05779

1-PLACE OF DEATH — Registered No. 15-1 71

City of BALTIMORE: (No. 3800 Garrison Avenue St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose J. Leach

(a) Residence No. 3800 Garrison Avenue St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6-DATE OF BIRTH (month, day and year) Oct. 25, 1868

7-AGE,	If LESS than 1 day,
57 yrs. 2 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Religious

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) Stockbridge, Wis. (State or Country),

PARENTS.

10-NAME OF FATHER, John Leach

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, Anna Cochems

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Sister Michaela Leach
(Address) 509 Hanover Street

15- Filed ..... 192.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 13, 1926.

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25- 1923 to Jan. 13- 1926.

that I last saw h[illegible] alive on Jan. 13- 1926.

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Involutional Melancholia

(Duration) 4 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Andrew C. Gillis M. D.

, 19 (Address) 1033 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Cathedral Cemetery	1/16, 19 26

20-UNDERTAKER.	ADDRESS
Henry W. Dopears & Son	805 N. Calvert

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05780

CERTIFICATE OF DEATH.

129 E 05780

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 S Stricker ST. 14-1 WARD)

2-FULL NAME Mary Hatfield.

(a) RESIDENCE NO. 302 S. Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Hatfield

6 DATE OF BIRTH (month, day, and year) Oct. 22 61

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home keeping 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Maryland.

PARENTS

10 NAME OF FATHER Ben Fuchs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary C. Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va. Va

14 Informant John A Hatfield (Address) 302 S. Stricker st

15 Filed , 19 Robert P. Harrison, Registrar

5 1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1926, to Jan 14, 1926.

that I last saw h alive on Jan 12, 1926,

and that death occurred, on the date stated above, at 5 45 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Chr. Arteriosclerosis

Hemorrhage Cerebral

Haemorrhage Hemiplegia.

2 1/2 (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Second Haemorrhage

(duration) yrs. mos. 1 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Diag

(Signed) Fernando Penn Smith, M. D.

, 19 (Address) 704 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodbine Md

DATE OF BURIAL Jan 17th 1926

20 UNDERTAKER A. Jones

ADDRESS 111 S. Gilmor St

Spec—12-23-21—E.B.R.S.—400 Blks.

E 05781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

W 1626 90 05781

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 4009 Bell ave, 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Ellen Boone

(a) Residence No. 4009 Bell Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 1867

7-AGE. 58 yrs. 9 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer). —

(c) Name of employer. —

9-BIRTHPLACE (city or town) (State or Country), Ind

PARENTS.

10-NAME OF FATHER, Franklin Boone

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ind

12-MAIDEN NAME OF MOTHER, Fanny J. Lloyd

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), [illegible]

14- (Informant) James A. Boone

(Address) 4009 Bell Ave

15- Filed ..... 192.....

Robert P. Harrison, Registrar.

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 13, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 19 26 to Jan 13 19 26

that I last saw h. alive on Jan 13 19 26,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Vascular

Embolus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Embolus Chronic Myocarditis.

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Johann Gaste M. D

, 19 (Address) 27 21 Parkwood

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park DATE OF BURIAL. Jan. 16, 1926

20-UNDERTAKER. Martin Baby & Sons ADDRESS 1827 W. North Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05782

E 05782

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 S. Wolfe ST. 2-3 WARD)

2-FULL NAME Mary . V. Ruppert

(a) RESIDENCE NO. 511 S. Wolfe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 3 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Cliffod . Ruppert

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Agnes. Lepke

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14

Informant Mrs. Agnes . Ruppert

(Address) 511 S. Wolfe Street

15

Filed . 19 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 12, 1926, to Jan 14, 1926.

that I last saw her alive on Jan 14, 1925,

and that death occurred, on the date stated above, at 830 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. mos 3 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Caudity of Lungs

(Signed) [illegible], M. D.

. 19 (Address) 3015 Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt . Carmel Cem.

DATE OF BURIAL Jan 16 1926

20 UNDERTAKER John A. Weber

ADDRESS 1803 Bank

Dr Walker 321 E 25th St

Spec.—1-10-21—M&T—1500 Bks.

E 05783

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05783

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2508 Guilford Ave ST. 17-3 WARD)

2-FULL NAME Earl L. Spencer

(a) RESIDENCE No. 2508 Guilford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Marrid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amanda L Spencer

6 DATE OF BIRTH (month, day, and year) Feb 17, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman 046

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Morgan Mill Works

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Chas. Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Amanda Linaten

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Mrs Earl L. Spencer
(Address) 2508 Guilford Ave

15 Filed ..., 19 ... Registrar

Robert E. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1925, to Jan 13, 1926, that I last saw h[illegible] alive on 1/13/26, 19 and that death occurred, on the date stated above, at 330 P m.

The CAUSE OF DEATH* was as follows: Nephritis (Chronic) 2 yrs

(duration) yrs. 8 mos ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H W Enders, M. D.

1/13/26, 19 (Address) 321 E 25th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friendship, N. J.	Jan 16 1926
20 UNDERTAKER	ADDRESS
William Cook	502 E. North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05784 E 05784

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 508 N. Madeira St., J-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hamilton DeVoy Diehl

(a) Residence No. 508 N Madeira St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6-DATE OF BIRTH (month, day and year): June 11-1924

7-AGE: 1 yrs. 7 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): ~~Infant~~

(c) Name of employer: ~~Infant~~

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: John Diehl

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Hattie Boyer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto

14- (Informant) Mrs Hattie Diehl

(Address) 508 N Madeira

15- Filed ..... 1926 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 14-1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1926 to Jan 14 1926

that I last saw him alive on Jan 13 1926

and that death occurred, on the date stated above, at 9.25 A.m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

Following measles

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 2 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Edward DeVoy M. D

1/14 1926 (Address) 413 N. Washington

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan. 16th 1926
20-UNDERTAKER	**ADDRESS**
Leo G. Cook	1731 Patterson Park Ave

Cor.—1-12-23—M&T—100 Bks.

E 05785

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05785

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD) 22-2

2-FULL NAME Calvin C. Thomas.

(a) RESIDENCE NO. 1616 S. Charles St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May 27, 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	7	17 18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles H. Thomas.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Peoria, Ill.

12 MAIDEN NAME OF MOTHER Minnie Beachum.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Minnie Thomas. (mother)
(Address) 1616 S. Charles St.

15 Filed ..... 192 ..... Registrar

5-1926 Robert P. Harrison, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Extensive scalds about the body.
Accidentally sat in a tub of
boiling water.
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)
Jany 15, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? Accident 1616 E. Charles St. 1/13/26

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Jan 16 25 192

20 UNDERTAKER Harry H. Witzke ADDRESS 1535 W. Lombard

Spec.—6/10-21—M&T—1500 Bks.

1870 E 05786

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05786

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST., 13-5 WARD)

REGISTERED NO. 149

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Gross.

(a) RESIDENCE NO. 2459 Druid Hill Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: child.

6 DATE OF BIRTH (month, day, and year): [illegible] 1924

7 AGE: Years 2; Months —; Days —; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child. [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Clifton Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Beulah Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....

Registrar

61C26 Robert P. Harrison, Jr.

Public Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15th 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 7th, 1925, to Jan. 15th, 1926, that I last saw h[illegible] alive on Jan 15th, 1926, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Kidney

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes (Date of 12/20/25)

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Thos W. Comrie, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peters

DATE OF BURIAL: 1-18 1926

20 UNDERTAKER: John H. Frazier

ADDRESS 1027 [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 05787

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05787

CERTIFICATE OF DEATH.

21-3 31

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 W. Hamburg ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Savic

(a) RESIDENCE NO. 427 W. Hamburg ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colrd	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	24	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Labrer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER W. E. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lucy Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Lucy Davis
(Address) 427 W Hamburg St

15 Filed ..... 19 ..... Registrar .....

5 1926 Asbert F. Harrison, Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1925, to Jan 13, 1926, that I last saw him alive on Jan 12, 1926 and that death occurred, on the date stated above, at 9 20 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. Wiley Stoag, M. D.

Jan 16, 1926 (Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 1-17 1926

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

187643 E 05788 E 05788

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) JOHNS HOPKINS HOSPITAL St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Shanahan

(a) RESIDENCE NO. 873 W. Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 19 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank Shanahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marie Everts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Parent

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 29 1925 to Jan 14 1926, that I last saw him alive on Jan 14 1926, and that death occurred, on the date stated above, at 0-00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Empyema

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X ray

(Signed) Thos. B. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem.	1/16 1926
20 UNDERTAKER	ADDRESS
L. P. Fuesselbaugh	2620 St Paul

Spec.—1-10-21—M&T—1500 Blks.

E 05789

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05789

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Hajek

(a) RESIDENCE NO. 1933 E. Lafayette Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Binder

(b) General nature of industry, business, or establishment in which employed (or employer) 064

(c) Name of employer George Maur

9 BIRTHPLACE (city or town) (State or country) austria

PARENTS

10 NAME OF FATHER Emanuel Hajek

11 BIRTHPLACE OF FATHER (city or town) (State or country) austria

12 MAIDEN NAME OF MOTHER Mary Hajek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) austria

14 Informant Stephanie Hajek
(Address) 1933 E Lafayette ave

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 14, 1926, that I last saw h[illegible] alive on Jan 13, 1926, and that death occurred, on the date stated above, at 1:15 A m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted
If not at place of death? home

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory sign

(Signed) Arthur A. Cogan M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 1/17/26

20 UNDERTAKER J. Abrams & Co.

ADDRESS 3314 Pennsylvania ave

Robert P. Harrison,
Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Blks.

E 05790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05790

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 435 Elinor Ave (ST.) Dist 7-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Holmes Medinger

(a) RESIDENCE No. 435 Elinor Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Medinger

6 DATE OF BIRTH (month, day, and year) June 7 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Standard Oil Co.

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Augustus C. Medinger

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Staff

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs Mary B. Medinger

(Address) 435 Elinor Ave.

15 Filed , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 14, 1926, that I last saw h alive on Jan 14, 1926, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Ch. Int. Nephritis - Ch. Myocarditis

Senile dementia

(duration) 5 yrs. mos dys

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J W Bishop, M. D.

Jan 18, 1926 (Address) 501 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Govans Presby. Cem.

DATE OF BURIAL Jan 16 1926

20 UNDERTAKER Wm J Richardson

ADDRESS Northern Ave

REPORT OF MARRIAGE

6 1926

BURIAL PERMIT ISSUED

Cor.—1-12-25—M&T—100 Bks.

E 05791

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 05791

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Ridgely St. ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A.Hill

(a) RESIDENCE No. 1111 Ridgely St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow.

6 If married, widowed, ~~or divorced~~ (or) WIFE OF Jesse Hill

7 DATE OF BIRTH (month, day, and year) March 27, 1846

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	9	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Joseph Hart.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Ann E Crea.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

Informant (Address) Elizabeth Luthardt.(daughter) 1111 Ridgely St.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto F. Leinhardt, M. D. (Coroner.)

Jany. 15, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 18 1926
20 UNDERTAKER	ADDRESS
Wm. J. Luckner & Son	N. Paca

JAN 16 1926

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 05792

CERTIFICATE OF DEATH.

16 002

E 05792

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 E. Federal ST.; 8 — WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Allen Reader Kries

(a) RESIDENCE. No. 2307 E. Federal ST., 8 — WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 5-1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

000

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Percy R. Kries

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Jessie R. Linthicum

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant Edwin B. Fenby

(Address) 1223 N. Caroline St.

15 Filed ... 19 ... Registrar

6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 — 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1926, to Jan. 14 —, 1926, that I last saw him alive on Jan. 14 —, 1926 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Compression of brain at birth

(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Lumbar puncture Date of Jan-10-1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D

1-15-1926 Address 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 16 1926
20 UNDERTAKER	ADDRESS
H. Thompson Sons	Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05793

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05793

CERTIFICATE OF DEATH.

REGISTERED NO. 100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 210 E. 22nd ST. 12-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank P. Harper

(a) RESIDENCE NO. 210 E. 22nd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Ella Harper

6 DATE OF BIRTH (month, day, and year): April 9 - 1862

7 AGE — Years: 63 Months: 9 Days: 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cashier

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Penna. R. R. City

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: Hagar Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ellen McGann

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Mrs Ella Harper 210 E. 22nd St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 11, 1926, to Jany 13, 1926, that I last saw him alive on Jany 12, 1926, and that death occurred, on the date stated above, at 11. 10 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

(duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Usual

(Signed) George C. Shannon, M. D.

1/15, 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan-16 1926

20 UNDERTAKER: H. A. Tickner & Sons — ADDRESS: North Ave

Burial Permit Clerk

G 1926

Spec.—1-10-21—M&T—1500 Bks.

1823 05794 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05794

114 ✓

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kettie Gibson

(a) RESIDENCE No 2038 E Lafayette Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. ? 1887

7 AGE: Years 38 | Months 2 | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Theophelus Webster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emma Burton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records (Address): JOHNS HOPKINS HOSPITAL

15 Filed ____, 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 16 - 1925 to Jan 16 - 1926.

that I last saw her alive on Jan 16 - 1926,

and that death occurred, on the date stated above, at 12 15 P.M.

The CAUSE OF DEATH* was as follows:

Peritonitis - acute - B (coli)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Ulcerative Colitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan 14, 926

Was there an autopsy? Yes

What test confirmed diagnosis? Path Exam

(Signed) Warfield M. Firor, M. D.

1-15-1926 (Address) 710 N

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Beals Island Md. | DATE OF BURIAL: Jan 16 1926

20 UNDERTAKER: Hughes & Jones Inc | ADDRESS: 424 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 05795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05795

REGISTERED NO. 76-433

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bowley's Lane & Phila Rd. ST., (WARD) 76-4

2-FULL NAME Andrew Carnegie Brennan

(a) RESIDENCE No. Bowley's Lane & Phila. Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred, 24 yrs. mos. 30 ds. How long in U. S., If of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Ella Brennan

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24		30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Father

9 BIRTHPLACE (city or town) (State or country) Emmorsville, Md

PARENTS

10 NAME OF FATHER John C. Brennan

11 BIRTHPLACE OF FATHER (city or town) Williamsport (State or country) Md.

12 MAIDEN NAME OF MOTHER Ella Ireland

13 BIRTHPLACE OF MOTHER (city or town) Harford Co (State or country) Md.

14 Informant John C. Brennan (Address) Bowley's Lane & Phila Rd.

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1925, to Jan. 17, 1926, that I last saw him alive on Jan. 14, 1926, and that death occurred, on the date stated above, at 9:30 p. m.

The CAUSE OF DEATH* was as follows:

Judicious Forceps

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 955 N. Gilmor St

Did an operation precede death? No Date of Jan 24, 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent L. Clarke M. D.

, 19 (Address) 735 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Jan 17 1926

20 UNDERTAKER Geny - J. Putt — ADDRESS 735 Harford ave.

Spec.—1-10-21—M&T—1500 Bks.

E 05796

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05796

CERTIFICATE OF DEATH.

REGISTERED NO. 7 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4 Tyler ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Phillip Witts Jr.

(a) RESIDENCE NO. 4 Tyler ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Nov 15, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. P. Witts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt.

12 MAIDEN NAME OF MOTHER May Tubert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt.

14 Informant Geo. P. Witts

(Address) 4 Tyler st

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 15, 1926, that I last saw him alive on Jan 15, 1926, and that death occurred, on the date stated above, at 4 30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 4 Tyler St

Did an operation precede death? No State of

Was there an autopsy? No

What test confirmed diagnosis? Physical evidence

(Signed) Geo B. Dyburt, M. D.

, 19 (Address) 2802 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemty.

DATE OF BURIAL Jan 16 1926

20 UNDERTAKER Geo. J. Rutt

ADDRESS 1735 Harford

Dor.

6 1926 Robert F. Harrison, Registrar of Vital Statistics

Spec.—8-24-14—M. & T.—2000 Bks.

E 05797 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05 797

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 Hoffman St. 16 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Leakins

(Residence in Baltimore: No. 801 Hoffman St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Dec 7 (Month) 25 (Day) 1891 (Year)

7-AGE, 54 7 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Houseg
(b) General nature of industry, business, or establishment in which employed (or employer) Wife

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Stephen Roach

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mabell O'Neill

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Seitz

(Address) 750 W Baltimore

15-

Filed....., 191.....

Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14 (Month) 05 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1915, to Jan 14 1916, that I saw h.. alive on Jan 14 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. mos. ds.

(Signed) Bernard P. French M. D.

1-14-, 1916 (Address) 1107 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, Jan 15, 1916

20-UNDERTAKER Henry Seawald ADDRESS 1825 W Baltimore Ave.

Spec.—1-12-23—M&T—500 Bks.

05798 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05798

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore city hospitals (ST., 176-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Shipley

(a) RESIDENCE No. St. Helena, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~[illegible]~~ 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Shipley

6 DATE OF BIRTH (month, day, and year) 1869 - June 30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER Louis Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Poole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address) Robert P. Hardesty

15 Filed 6 1926, 19 Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1925, to Jan. 15, 1926,

that I last saw him alive on Jan. 15, 1926,

and that death occurred, on the date stated above, at 4.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McKane M. D.

1-15-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 1/18 1926

20 UNDERTAKER Philip Henry

ADDRESS 2016 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

E 05799

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05799

71-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Zion Hosp. St. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Schwartz

(a) RESIDENCE NO. 1018 Wilcox ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Aug 11-1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Chas. L. Schwartz

11 BIRTHPLACE OF FATHER (city or town) Pikesville (State or country)

12 MAIDEN NAME OF MOTHER Katherine Killoyne

13 BIRTHPLACE OF MOTHER (city or town) [illegible] (State or country) England

14 Informant Mrs C L Schwartz (Address) 1018 Wilcox St. City

15 Filed JAN 16 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/1, 1926, to 1/16, 1926, that I last saw him alive on 1/15, 1926, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis Streptococcus Viridans

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1018 Wilcox St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jno. Ordway Pierce, M. D.

, 19 (Address) Mt Zion Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Jan. 17, 1926
20 UNDERTAKER	ADDRESS
E. W. Conklin	824 E Eager St

Spec—12-23-21—E.B.R.S.—400 Bks.

05800 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 05800

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 2241 Cecil Ave St., 9-5-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Rose Ann Geary

(a) Residence No. 2241 Cecil Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. O. Geary.

6-DATE OF BIRTH (month, day and year) Feb-1-1837

7-AGE. 88 yrs. 11 mos. 14 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At home

(b) General nature of industry, business, or establishment in which employed (or employer). 000

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Abingdon Md.

PARENTS.

10-NAME OF FATHER. Herman Thomas

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Abingdon Md.

12-MAIDEN NAME OF MOTHER, ? Turner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Abingdon Md.

14- (Informant) Nilly Geary (Son)

(Address) 2241 E. Cecil Ave.

15- Filed. 192. Registrar.

Robert P. Harrison, Deputy Health Comm'r & Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan-15-1926.

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1921 to Jan 15, 1926, that I last saw h<s> alive on Jan 14, 1926, and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

General Arterio-Sclerosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Hubert Thomas, M. D.

Jan 16, 1926 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Jan 18 1926

20-UNDERTAKER, Hughes & Sons Inc — ADDRESS 424 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05801 90 E 05801

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 E Chase St. 8-4 WARD)

2-FULL NAME M. Emma Adams

(a) RESIDENCE NO. 1510 E Chase ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. \ mos. \ ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of G. Edward Adams

6 DATE OF BIRTH (month, day, and year) April 13 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER George A. Crise

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Ida B. Fuller

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co. Md
(State or country)

14 Informant Mrs G Edward Adams
(Address) 1510 E Chase St

15 Filed ..... , 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1926, to Jan 15, 1926,
that I last saw her alive on Jan 14, 1926,
and that death occurred, on the date stated above, at 1.20 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Albert L. Levy M. D.

1/15/26 (Address) 625 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan. 18 1926

20 UNDERTAKER Henry Hoech Son — ADDRESS 1301 E Eager St

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

E 05802 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05802

CERTIFICATE OF DEATH.

161-00

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Carswell ST., 9-2 WARD)

2-FULL NAME Mary Eggenhofer

(a) RESIDENCE NO. 1629 Carswell ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 16 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Galt (State or country) Md.

PARENTS

10 NAME OF FATHER Eugene A. Eggenhofer

11 BIRTHPLACE OF FATHER (city or town) Galt Md
(State or country)

12 MAIDEN NAME OF MOTHER Helen M. Grossman

13 BIRTHPLACE OF MOTHER (city or town) Galt Md
(State or country)

14 Informant Mrs. Eugene A. Eggenhofer
(Address) 1629 Carswell St.

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 16 1926, to ....., 19....., that I last saw h[illegible] alive on Jan 16 1926, and that death occurred, on the date stated above, at 3.50 A m.

The CAUSE OF DEATH* was as follows:

Asphyxia (Coal Gas) Accd

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Edward J. Gorman, M. D.

1/16 1926 (Address) 4131 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Jan. 16 1926

20 UNDERTAKER Henry Storck Son — ADDRESS 1511 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 05803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

116 05803

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1100 Whitelock ST. 13-6 (WARD)

2-FULL NAME Roberta Whiting

(a) RESIDENCE No. 1100 Whitelock ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Nathaniel Whiting

6 DATE OF BIRTH (month, day, and year) March 1, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	29	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Roanes Va

PARENTS

10 NAME OF FATHER Richard Pollard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Roanes Va

12 MAIDEN NAME OF MOTHER Harriett Broom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Roanes Va

14 Informant Nathaniel Whiting (Address) 1122 Whitelock St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18th, 1926, to Jan 14th, 1926, that I last saw her alive on Jan. 14th, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Strangulated Goodle

(Duration) 36 hours

CONTRIBUTORY (Secondary) Operation for Epithelioma of Ovary (Duration) yrs. ds.

18 Where was disease contracted if not at place of death? Johns Hopkins

Did an operation precede death? Yes Date of 1/10/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

1/15, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gloucester Point Va.

DATE OF BURIAL 1/16 1926

UNDERTAKER Walter B. Spriggs

ADDRESS 139 W. Hamburg St

E 05804 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05804

CERTIFICATE OF DEATH. 188-001

1-PLACE OF DEATH

City of BALTIMORE: (No. B & O R R - Tunnel. St. 16-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Fishback

(Residence in Baltimore: No. 610 Glenoldon Ave. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: July (Month) 7 (Day) 1899 (Year)

7-AGE: 26 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Third Rail Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R R 0 1/2

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: John Fishback

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Wesner

13-BIRTHPLACE OF MOTHER, (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hora L. Fishback

(Address) 610 Glenoldon Ave

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident,

Multiple Fractures

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock. Contusion

(Duration) yrs. mos. ds.

(Signed) G. C. Radcliffe M. D.

(Coroner)

Jan 16 1926 (Address) 143 N 13 way

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery DATE OF BURIAL: Jan 16 1926

20-UNDERTAKER: William Cook ADDRESS 502 E North

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

E 05805

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 01 05805

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 176 (Collins St.) 20-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine S. Battenfield

(a) RESIDENCE NO. 176 Collins Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25-1925

7 AGE Years 5 Months 6 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Herbert W. Battenfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Katherine Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant H. Battenfield

(Address) 176 Collins Ave

15 Filed , 19 Robert P. Harrison, Registrar

6 1926 Burial Permit clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 15 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan - 8, 1926, to Jan - 15, 1926; that I last saw h[illegible] alive on Jan, 15, 1926, and that death occurred, on the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

Pericarditis

Multiple Abscess Left Arm

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Pericarditis,

(duration) yrs. mos. 3. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) S. Lloyd Johnson, M. D.

, 19 (Address) Frederick & Augusta Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md

DATE OF BURIAL 1/17 1926

20 UNDERTAKER W S Cook

ADDRESS 502 E Vain.

Spec.—1-10-21 M&T 1500 Blks.

E 05806 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05806

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 1012 WARD) Frankford

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Ash.

(a) RESIDENCE NO. Preston & Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of — Ash

6 DATE OF BIRTH (month, day, and year) Dec 1, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	~~12~~	14 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Snow Hill
(State or country) Md.

PARENTS

10 NAME OF FATHER Joshua Camp.

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Julia Troop.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14

Informant Sister Florence.
(Address) Preston & Caroline

15

Filed ....., 19 Robert P. Harrison,
Registrar

6806

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 15 1926

17

I HEREBY CERTIFY, That I attended deceased from ....., 19 .. to ....., 19 ..,

that I last saw h[illegible] alive on Jany 10, 1926,

and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus

Cachexia (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Jan 15, 1926 (Signed) F. A. Warner, M. D.
(Address) 1133 Valley St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Jan. 18 1926
20 UNDERTAKER	ADDRESS
H. C. Weidefeld	914 Fremont Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 05807 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05807

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md University Hospital

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor Rueckert

(a) RESIDENCE NO. Married Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Asst Station Operator

(b) General nature of industry, business, or establishment in which employed (or employer) W. B. & A. R. R. 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Rueckert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margt. Kuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant ..... (Address) 532 W. Magnolia ave

15 Filed JAN 16 1926, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 15, 1926, that I last saw h[illegible] alive on Jan 15, 1926 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Larynx + Oesophagus.

(duration) yrs. 6 mos 3 ds.

CONTRIBUTORY (Secondary) Septic pneumonia.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ..... Did an operation precede death? No Date of Jan 6

Was there an autopsy? No What test confirmed diagnosis? Clinical + laboratory.

(Signed) J. C. Bishop, M. D.

(Address) Univ Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn Cemetery — DATE OF BURIAL Jan 18 1926

20 UNDERTAKER F. A. Krause & Son — ADDRESS 703 Hanover St.

Spec.—1-10-21—M&T—1500 Blks

E 05808

HEALTH DEPARTMENT—CITY OF BALTIMORE

86-01 05808

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Trumbleu

(a) RESIDENCE NO. St Elizabeths Home ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Unknown (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Record

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1925, to Jan 5, 1926, that I last saw h[illegible] alive on Jan 5, 1926, and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Acute Otitis media

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? St Elizabeth's Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Thos. W. Connolly, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Returned at Hospital

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05809 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 E 05809

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals Registered No.

City of BALTIMORE: (No. Baltimore Maryland St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Herbert Bess

(a) Residence No. 113 York Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black.

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1870

7-AGE. 56 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Harry Bess

11-BIRTHPLACE OF FATHER (city or town) (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, Ellen —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), North Carolina

14- (Informant) Hospital Records

(Address) Baltimore City Hospitals

15- Filed 19 Burial Permit Given Registrar.

E 1929

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 11-1926

17- I HEREBY CERTIFY, That I attended deceased from 10-22 1925 to 1-11 1926 that I last saw him alive on 1-11-1926 and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Lab Facts

(Signed) Jos. J. Champe M. D.

Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Zion — DATE OF BURIAL, 1/16 1926

20-UNDERTAKER, Mrs Maude Funk — ADDRESS 1737 W Pratt

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05810

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05810

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 22-2 90 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Charles Wright

(a) Residence No. 115 Perry St., St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1889

7-AGE. 36 yrs. mos. ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)... 040

(c) Name of employer...

9-BIRTHPLACE (city or town)... (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) Unknown (State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country),

14- (Informant) Baltimore City Hospitals Records

(Address)...

15- Filed... 192... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 11, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1926 to Jan. 11, 1926

that I last saw h[illegible]alive on Jan. 11, 1926

and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

Chronic myocarditis

Myocardial insufficiency 8 (History)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary embolus instantaneous

(Duration) mos.

18-Where was disease contracted if not at place of death?...

Did an operation precede death?... Date of...

Was there an autopsy? no

What test confirmed diagnosis?...

(Signed) R. Lindsay Miller M. D.

1/12, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL, ..., 19...
20-UNDERTAKER,	ADDRESS

Robert P. Harrison,

Commissioner Health.

UNIVERSITY OF MARYLAND

JAN 16 1926

Burial Permit Issued

Spec—12-23-21—E.B.R.S.—400 Eks.

E 05811 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 E 05811

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. ..... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Cullison

(a) Residence No. 108 S. Bethel St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) ?

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) ?

7-AGE. 45(?) ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Robert Cullison

11-BIRTHPLACE OF FATHER (city or town) ..... Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Mary McLuker

13-BIRTHPLACE OF MOTHER (city or town) ..... Md.
(State or Country),

14- (Informant) ..... Baltimore City Hospitals

(Address) ..... Records

15- Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 13, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1926 to Jan. 13, 1926

that I last saw him alive on Jan. 13 1926

and that death occurred, on the date stated above, at 8 9, m.

The CAUSE OF DEATH* was as follows:

Granuloma Inguinale with secondary infection (History)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia ?

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) ..... K. Lindsay Miller, M. D.

1/14, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. ..... DATE OF BURIAL, ..., 19....

20-UNDERTAKER, ... ADDRESS .....

Robert F. Harrison, ... UNIVERSITY OF MARYLAND

Commissioner Health. JAN 16 1926

0039

Spec.—1-10-21—M&T—1500 Bks.

E 05812

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05812

CERTIFICATE OF DEATH.

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 519 (St.) East Getting (WARD) 24-1

2-FULL NAME Pinkney J Hamilton

(a) RESIDENCE NO. 519 (Usual place of abode) East Getting ST., WARD

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 20/923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	11 26 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Harry G Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Pa

12 MAIDEN NAME OF MOTHER Elizabeth Delder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

14 Informant Mrs Harry G Hamilton (Address) 519 E Getting st

15 Filed ..... 19 ..... Registrar

Robert P. Harrison, Burial Permit Clerk.

6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1.15, 1926.

17 I HEREBY CERTIFY, That I attended deceased from 1.12.26, 19..., to 1.15.26, 19...

that I last saw him alive on 1.15.26, 19...

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Symptoms

(Signed) J Edward Norris, M. D.

1.15., 1926 (Address) 107 East west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 16 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Lyndhurst

Spec.—1-12-23—M&T—500 Bks.

E 05813

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 05813

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals 4-1

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Boardley

(a) RESIDENCE No. 615 Raborg St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
43				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laundress 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Boardley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals,

(Address) Baltimore, Md.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from December 3, 1925, to January 14, 1926, that I last saw her alive on January 14, 1926, and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Serological and Clinical findings.

(Signed) Harry Freedman M. D.

1/14/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mont Auburn Cemetery

DATE OF BURIAL Jan 17 1926

20 UNDERTAKER John H Owens

ADDRESS 5728 Dolphin St

Spec.—1-12-23—M&T—500 Bks.

E 05814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05814

CERTIFICATE OF DEATH.

REGISTERED NO. 77-7 25-201

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Margaret Kennedy

(a) RESIDENCE NO. 5810 York Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 2, 1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Abell (Address) 5810 York Road Govans

15 Filed ..... 19 ..... Registrar

AUG 6 1926 ROBERT P. MATTHEWS Burial Journal Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17th, 1926, to Jan. 15th, 1926, that I last saw her alive on Jan. 15th, 1926, and that death occurred, on the date stated above, at 4^15 P m.

The CAUSE OF DEATH* was as follows:

Art. Sclerosis.
Hypertension
Hemiplegia.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Terminal - Hypostatic - Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Francis X. Ellis, M. D.

, 19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Old Town Cemetery

DATE OF BURIAL 1/18 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

E 05815

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05815

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Retail Wharf foot Boston P-3 1826 Registered No. C.....

City of BALTIMORE: (No. Boston St., P-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jones

(Residence in Baltimore: No. Summerset Co. Md St.; yrs.....mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH.

..... 1..... (Month) (Day) (Year)

7-AGE. About 32 Yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Oyster Shedger
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, No

11-BIRTHPLACE OF FATHER, (State or Country). No

12-MAIDEN NAME OF MOTHER, No

13-BIRTHPLACE OF MOTHER. (State or Country). No

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed ..... 192.....

R. L. Penham 906 Gaudenhall St.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 9 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning

.....

.....

.....(Duration) Sudden yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) James M. Fenton M. D. (Coroner)

Jan 12 1926 (Address) 700 E. Lanvale

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Greenmount Cem. 1-10. 1926

20-UNDERTAKER. ADDRESS

R. L. Penham. 906 Gaudenhall St.

E 05816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90E 05816

1-PLACE OF DEATH

City of BALTIMORE: (No. 219 S Paca St. 27-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicolas Santos Listed

(Residence in Baltimore: No. 219 S Paca St St.; yrs. 16 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1889 (Year)

7-AGE: 37 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Own shop

9-BIRTHPLACE, (State or Country): Lithuania

PARENTS.

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER, (State or Country): Lithuania

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER, (State or Country): Lithuania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Petrona Lebed

(Address) 219 S. Paca St

15- Robert P. Harrison,

Filed ..... 192.....

0 1926 Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan (Month) 15 (Day) 26 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chas Lues

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Gee Lawton Bodie M. D.
(Coroner.)

Jan 16 192 (Address) 173 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: 1/18 192 6

20-UNDERTAKER: Chas B Kuhn & Bro

ADDRESS 637 S Paca St

Spec.—1-10-21—M&T—1500 Bks.

E 05817 HEALTH DEPARTMENT—CITY OF BALTIMORE 24-001 05817

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1401 W. 36th st-

CITY OF BALTIMORE: (No. 1401 W 36 4th st ST., 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Joanna (JOANNA) Hare

(a) RESIDENCE NO. 1401 W 36th st- ST., B WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Hare

6 DATE OF BIRTH (month, day, and year) April 17-1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Horace E. L. Ruby

(Address) 1401 W. 36th St.

15 Filed [illegible] 19 Robert P. Harrison, Registrar

6 1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1926 to Jan 15 1926, that I last saw h[illegible] alive on Jan 14 1926, and that death occurred, on the date stated above, at 12 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility Arteriosclerosis

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mary C. Hegner M. D.

1926 (Address) 3649 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Baptist Cem. (Balto Co) DATE OF BURIAL Jan 18 1926

20 UNDERTAKER Horace H. Burgee ADDRESS 3631 Falls Road.

Spec.—1-12-23—M&T—500 Blks.

E 05818

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05818

CERTIFICATE OF DEATH.

25-1 1/100

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Houck

(a) RESIDENCE NO. 27 Cherry Ave., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 14 1871

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John F. Connolly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Nelson,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed ....., 19 ..... Registrar

Robert P. Harrison, Deputy Health Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1926, to Jan. 13, 1926, that I last saw h on live on Jan. 13, 1926, and that death occurred, on the date stated above, at 10.05 P m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis with Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

1/14/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	1/18/26
20 UNDERTAKER	ADDRESS
George A Farley	Fulton & Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

E 05819

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 05819

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2694 Wilkens Ave ST. 11-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Gloster

(Residence in Baltimore: No. 2694 Wilkens Ave St.; 40 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 16, 1871 (Month) (Day) (Year)

7-AGE, 54 yrs. 9 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas M. Gloster

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Mary Braenan

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gloster

(Address) 2694 Wilkens Ave

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 7 1915, to Jan. 15 1916, that I saw h.. alive on Jan. 15 1916, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ....yrs. ....mos. 25 ds.

(Signed) Wm. Lee C. Blake M. D.

Jan. 15, 1916. (Address) 1014 W. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, 1/18—, 1916

20-UNDERTAKER Chas. F. Grant & Son ADDRESS 118 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05820 E 05820

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Rutland Av ST., 8-W WARD)

2-FULL NAME Frank G. Keil

(a) RESIDENCE NO. 1616 Rutland Av ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara J. Keil

6 DATE OF BIRTH (month, day, and year) Nov 16-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	51	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

009

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John H. Keil

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Clara J. Keil
(Address) 1616 Rutland Ave

15 Filed ..... , 19 ..... Registrar .....

6 1926 Robert P. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10 , 1920 , to Jan 15 , 1926, that I last saw him alive on Jan 15 , 1926 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 6 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jacob Frohn , M. D.

1/16, 1926 Address 1823 N. Wash. Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 1/18 1926

20 UNDERTAKER Chas. E. Bruce & Son — ADDRESS 118 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

AUD Shank.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05821

E 05821

CERTIFICATE OF DEATH.

† 118-002

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene St.) (WARD) 11-

2-FULL NAME Aud Shank

(a) RESIDENCE NO. Phillippi W. Va ST.: ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Jan 3-1893

7 AGE: Years 33 — Months — Days 13 — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): West Virginia

PARENTS

10 NAME OF FATHER: John W. Shank

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va.

12 MAIDEN NAME OF MOTHER: Sean Dickenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va.

14 Informant (Address): Mrs. E. Haller (sister) Phillippi W. Va

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926, to Jan 16, 1926.

that I last saw him alive on Jan 16, 1926,

and that death occurred, on the date stated above, at 5 10 P m.

The CAUSE OF DEATH* was as follows:

1 Stricture of splenic flexure
(Amoebic Dysentary)

(duration) 13 yrs. mos ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) ..... yrs. ..... mos. 12 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Jan 13, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation & Phy. Exam

(Signed) Hagle Warfield, Jr. M. D.

19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Grafton W. Va — DATE OF BURIAL 1/16 1926

20 UNDERTAKER: Chas. R. Graves & Son — ADDRESS 1181 W. Mt. Royal Ave
(644)

Spec. 10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05822 — f 129 — E 05822

REGISTERED NO. .....

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD) 7-1

2-FULL NAME Arthur B. Simms

(a) RESIDENCE NO. 85 ST. Elizabeth WARD Atlanta Ga.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~ yrs. ~ mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs A. B. Simms

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hosiery Business

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer 045

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER A. B. Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Sarah Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga.

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed JAN 17 1926, 19 ..... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17th, 1925, to Jan. 16th, 1926, that I last saw him alive on Jan. 16th, 1926, and that death occurred, on the date stated above, at 1.00 P. m.

The CAUSE OF DEATH* was as follows:

Chr. nephritis, uremia

1 (duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. F. Wahl, M. D.

, 19 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Atlanta Ga — DATE OF BURIAL Jan 16 1926

20 UNDERTAKER Wm Hechinger Sons — ADDRESS Northst

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05823

CERTIFICATE OF DEATH.

52

E 05823

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 810 E. Eager St. St., 10-2 WARD)

2-FULL NAME Bridget A. Fitzpatrick

(a) RESIDENCE NO. 810 E. Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick H. Fitzpatrick

6 DATE OF BIRTH (month, day, and year) Dec 19 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Donellan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rhoda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Nurse Fitz- (Address) 810 E. Eager St

15 Filed JAN 17 1926 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/15 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/18, 1925, to 1-15, 1926

that I last saw h. alive on 1-15 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arthritis deformans

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Korn, M. D.

1/16 1926 (Address) 914 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Jan 18 1926

20 UNDERTAKER H. C. Friedfeld — ADDRESS 914 Greenmount

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05824 E 05824

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Shriver

(a) RESIDENCE NO. Reisterstown Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William L Shriver

6 DATE OF BIRTH (month, day, and year) Nov 14th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	76	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Housewife~~ Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Downs

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Kate Obtanable

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant William L Shriver (Address) Reisterstown Md.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1926, to Jan 16, 1926, that I last saw h/she alive on Jan 16, 1926, and that death occurred, on the date stated above, at 6 35 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) H. P. Longard M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Jan 18th 1926

20 UNDERTAKER George Schilling & Sons — ADDRESS 1126 E Monument

Spec.—1-10-21—M&T—1500 Bks.

05825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E 05825

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 S Clinton ST. 26-5 WARD)

2-FULL NAME Bernard Marino

(a) RESIDENCE NO. 252 S Clinton ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) March 19 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	9	25 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schuffler 03 02

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balt (State or country) .....

PARENTS

10 NAME OF FATHER Salvatora Marino

11 BIRTHPLACE OF FATHER (city or town) Italy (State or country) .....

12 MAIDEN NAME OF MOTHER Josephine Butta

13 BIRTHPLACE OF MOTHER (city or town) Italy (State or country) .....

14 Informant Mary Marino (Address) 252 S Clinton

15 Filed ....., 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 1, 1926, to Jany 18, 1926, that I last saw h~~im~~ alive on Jany 13, 1926, and that death occurred, on the date stated above, at 2^15 A. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Joseph L. Valentine M. D. M. D.

Jan 14 1926 (Address) 18 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 15 1926

20 UNDERTAKER Wendell D Mellor & Son — ADDRESS 857 N ~~Gay~~

JAN 7 1926 ROBERT A. KRAUTER

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05826 E 05826

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 Mercy Hospital ST. 5-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Kraft

(a) RESIDENCE NO. 126 N. Exeter ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 30 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male. Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Wid

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kraft

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 60 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Lewis Pollack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Zamerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant A. Pollack
(Address) 2042 Madison

15 Filed JAN 17 1926, 192... Registrar

ROBERT R. KRAUSER

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) ~~Jan~~ Jan 16th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Double Pneumonia
(R.4 Le)

Duration (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) W. J. Ruby, M. D.
(Coroner.)

1/17, 1926 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lehren Rockdale — DATE OF BURIAL 1/17 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1439 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

E 05827 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05827

CERTIFICATE OF DEATH.

129

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 S. Eden ST., 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Shapiro

(a) RESIDENCE NO. 132 S. Eden ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 13 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Shapiro

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. B. Klein
(Address) 312 Emory St.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16-1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 16, 1926, that I last saw h[illegible] alive on Jan 15, 1926, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Chron Myocarditis
Chron Nephritis

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Adenoma of Lungs

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. J. Boyer M. D.

1/16, 1926 (Address) 710 S. Spring St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Markmen circle Cem DATE OF BURIAL 1-17 1926

20 UNDERTAKER Jack Lewis 1439 Eldorado ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05828

CERTIFICATE OF DEATH.

E 05828

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3400 Gough St. 26-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME State Oliva Markley

(a) RESIDENCE NO. 3401 Gough ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J H Markley

6 DATE OF BIRTH (month, day, and year) Jan 15 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joel Cobell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant W. Thomas (Address) 3400 Gough St

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 22, 1914, to Jan 15, 1926, that I last saw her alive on Jan 15, 1926, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab

(Signed) W. M. Blizzard, M. D.

1/15, 1926 (Address) 1319 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Co. Mt. Olivet Md.

DATE OF BURIAL 1/18 1926

20 UNDERTAKER J. Few McCully

ADDRESS 130 E. Ford

JAN 7 1926 HAROLD R. KRAUTER, Health Commissioner

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05829 129 XE 05829

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 W. Saratoga St. 10-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Bell Sedlock

(a) RESIDENCE NO. 2122 W. Saratoga ST., WARD Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robt A. Sedlock

6 DATE OF BIRTH (month, day, and year) Aug 2nd 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Allan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lida Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lida Bell Barham (Address) 2122 W Saratoga St

15 Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 12th, 1926, to Jan 15th, 1926, that I last saw her alive on Jan 12th, 1926, and that death occurred, on the date stated above, at 10:50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Arteriosclerosis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj. A McCoy, M. D.

1/17 1926 (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Front Royal Va

DATE OF BURIAL Jan 19 1926

20 UNDERTAKER F. B. Walpert

ADDRESS 1850 N. Bello Se

ROBERT R. KRAUTER
JAN 7 1926
Social Security Number

Spec.—1-10-21 M&T 1500 Bks.

E 05830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05830

CERTIFICATE OF DEATH.

44

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Gross

(a) RESIDENCE NO. 404 N. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of Residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Gross

6 DATE OF BIRTH (month, day, and year) American

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoe Maker
(b) General nature of industry, business, or establishment in which employed (or employer) 088
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Will Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Gustkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis
(Address) 1439 E Balt St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1925, to Jan 16, 1926, that I last saw him alive on Jan 16, 1926, and that death occurred, on the date stated above, at 1:40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma; lower 1/3 esophagus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) 6 yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Lab. & Clinical Test.

(Signed) H. Peter Feller, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Rem Chas Gross Mich Lodge Temp

DATE OF BURIAL 1/17 19 26

20 UNDERTAKER Jack Lewis 1439 E Balt St

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

05831

HEALTH DEPARTMENT—CITY OF BALTIMORE E 05831

CERTIFICATE OF DEATH. 101-001

REGISTERED NO. 2579

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Women Hospital ST., 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Katherine Reese Cromwell

(a) RESIDENCE No. 731 Reservoir ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb. 10th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	6 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolteacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

068

9 BIRTHPLACE (city or town) Baltimore Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Richard Cromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md.

12 MAIDEN NAME OF MOTHER Katherine Reese

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mabel C. Shanklin
(Address) Towson, Balto. Co. Md.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 16, 1926, that I last saw her alive on Jan 16, 1926, and that death occurred, on the date stated above, at 5 25 a m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(duration) 0 yrs. 0 mos 5 da.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examinatio

(Signed) [illegible], M. D.

1-16, 1926 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Jan 18, 26

20 UNDERTAKER J. Bateman Lord — ADDRESS 1923 Eutaw-Etterlee

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05832

CERTIFICATE OF DEATH.

129

E 05832

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 Beverly. ST. 23-2 WARD)

2-FULL NAME Emma Bussey.

(a) RESIDENCE NO. 125 Beverly. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widowed.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of the late John F. Bussey.

6 DATE OF BIRTH (month, day, and year) March 21, 1856.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
69.	9.	24. 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Dont know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) William F. Bussey (Son). 125 W. Beverly St.

15 Filed ....., 19 ..... Registrar

JAN 17 1926 WILLIAM R. KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1925, to Jan. 14, 1926, that I last saw her alive on Jan. 13, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic aortic regurgitation of heart 4
Chronic interstitial nephritis

(duration) yrs. 2 mos 6 ds.

CONTRIBUTORY (Secondary) - - - - - -

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - - -

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Harry Leibel M.D.

1/16. 1926 (Address) 1224-1226 Hanover Street,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Jan 18, 1926

20 UNDERTAKER A. Howard Evans ADDRESS 38 E. Fort Ave

Spec.—1-10[illegible]—M&T—1500 Bks.

18810

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05833

CERTIFICATE OF DEATH.

111-102

E 05833

REGISTERED NO.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 16-7 ST. WARD)

2-FULL NAME Jeremiah Jackson

(a) RESIDENCE NO. 705 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col.	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Jackson

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter. 13 01

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B&O R.R.

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Andrew Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Charlotte Wrayfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Ricards JOHNS HOPKINS HOSPITAL

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13th, 1926, to Jan. 14th, 1926, that I last saw him alive on Jan. 14th, 1926, and that death occurred, on the date stated above, at 9.35 P. m.

The CAUSE OF DEATH* was as follows:

Duodenal ulcer,

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Perforation & peritonitis,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? Yes Date of Jan. 14,

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy.

(Signed) Claude James, M. D.

, 19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Cem.

DATE OF BURIAL 1/17 1926

UNDERTAKER Samuel Hursey

ADDRESS 1728 Eden

JAN 7 1926 ROBERT R. KRAUTER, [illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05834

CERTIFICATE OF DEATH. 74-001

E 05834

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 627 mosher (St.) 14-1 (WARD)

2-FULL NAME Hester Owings

(a) RESIDENCE NO. 627 mosher ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Owings

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Tartar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Leana Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Leana Thompson

(Address) 1552 N. Fremont Ave.

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16- 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-12, 1926, to 1-16, 1926,

that I last saw her alive on 1-15, 1926,

and that death occurred, on the date stated above, at 8:20 A.m.

The CAUSE OF DEATH* was as follows:

Cerebal Hemorrhage

(duration) ..... yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Old age and cardiac hypertrophy

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? examination

(Signed) Frank R. Saunders, M. D.

, 19 (Address) 1128 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. — DATE OF BURIAL 1/19/26

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

E 05835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 188-003 E 05835

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Colonial Hosp. St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Joseph H. Frederick

(Residence in Baltimore: No. 515 Bloom St. St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH. Jan. 15 1915
(Month) (Day) (Year)

7-AGE, 11 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Student
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm. A Frederick

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Daisy Henry

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm. A. Frederick
(Address) 515 Bloom St.

15-
Filed..... 192.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 15, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) on the day stated above. find that said deceased came to death

The CAUSE OF DEATH* was as follows:

Fracture of skull

15 minutes (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) automobile accident

(Duration) yrs. mos. ds.

(Signed) J. H. Hennessy M. D.
(Coroner.)
Jan. 16 192 6 (Address) 515 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn Cem	1-18 1926
20-UNDERTAKER.	ADDRESS
Geo. E. A. Gibson	1735 Druid Hill Ave

E 05836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

178

E 05836

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General H ward St., ward Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Phillip H Lee

(Residence in Baltimore: No. 1113 Bolton st. St.; 23 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	C	Single

6-DATE OF BIRTH. Unknown about 1845
(Month) (Day) (Year)

7-AGE. about 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)..... md. Club

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER, (State or Country), Va

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Lee

(Address) 1113 Bolton st.

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 14, 192.6
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

Cigarette set fire to clothes

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY: Did degree burns of body

(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

Jan. 14 192.6 (Address) 2812 Eastern Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cemty	1/17/26 19....

20-UNDERTAKER.	ADDRESS
Mrs R.G. Elliott	1225 Ashland ave

JAN 17 1926 ROBERT P. KRAUTER
Registrar of Vital Statistics

Spec.—1-10-21—M&T—1500 Bks.

E 05837

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05837

CERTIFICATE OF DEATH.

X 14-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Baldwin

(a) RESIDENCE No. 408 W. 26th ST., Wilmington Del. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 1922

7 AGE: Years 3 Months 11 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Del. (State or country)

PARENTS

10 NAME OF FATHER William Baldwin

11 BIRTHPLACE OF FATHER (city or town) Del. (State or country)

12 MAIDEN NAME OF MOTHER Emily Smith

13 BIRTHPLACE OF MOTHER (city or town) Del. (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

JAN 17 1926 ROBERT R. CRAWFORD REGISTRAR BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14th, 1926, to Jan. 16th, 1926, that I last saw him alive on Jan 16th, 1926, and that death occurred, on the date stated above, at 9.25 P. m.

The CAUSE OF DEATH* was as follows:

Arterial thrombosis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) A. W. Jacobson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Del

DATE OF BURIAL 1/19 1926

20 UNDERTAKER H. C. Eckman & Son

ADDRESS Fourth Ave.

E 05838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-002 E 05838

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 314 S. Fremont St., 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Sarah David

(Residence in Baltimore: No. 304 S. Fremont St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Color	Single

6-DATE OF BIRTH. Mar 26 1925 (Month) (Day) (Year), 1.....

7-AGE. .....yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of Industry, business, or establishment in which employed (or employer) none

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. William Davis

11-BIRTHPLACE OF FATHER. (State or Country). N C

12-MAIDEN NAME OF MOTHER. Mary Francis

13-BIRTHPLACE OF MOTHER. (State or Country). Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Davis

(Address) 304 S. Fremont St

15-

Filed JAN 17 1926 ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 15 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lob. Bronchitis

(Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) H. E. Reed M. D.
(Coroner)

Jan 17 1926 (Address) 1427 Gay St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet DATE OF BURIAL. Jan 17 1926

20-UNDERTAKER. R. L. Parlett ADDRESS 701 Leadenhall

Spec.—1-10-21—M&T—1500 Bks.

E 05839

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 05839

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 N Rose ST., 8-3 WARD)

2-FULL NAME Annie W. Heaynes

(a) RESIDENCE NO. 1306 N Rose ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Heayner

6 DATE OF BIRTH (month, day, and year) Apr 21 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph J. Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Margaret Hallzheid

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Palma H. Frank

(Address) 2701 E Monument

15 Filed ....., 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1926

17

I HEREBY CERTIFY, That I attended deceased from July 14, 1926 to Jan 18, 1926, that I last saw h alive on Jan 14, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W. E. Hosmer M. D.

Jan 17, 1926 (Address) 1301 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 18 1926
20 UNDERTAKER	ADDRESS
William G. Schaffer	1816 Monument

Spec—12-23-21—E.B R.S —400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05840 129 E 05840

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Andrew Boczar

(a) Residence No. 2014 Spruce St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1878 estimated

7-AGE. 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country), Poland

PARENTS.

10-NAME OF FATHER, George Boczar

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Marie ?

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Poland

14- (Informant) Baltimore City Hospitals

(Address) Records

15-

Filed 192

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 14, 1926

17. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1926 to Jan. 14, 1926

that I last saw him alive on Jan. 14, 1926

and that death occurred, on the date stated above, at 8:08 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ? ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) H. Lindsay Miller M. D.

1/15, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Holy Rosary	Jan. 15, 1926

20-UNDERTAKER, F. A. Ozazewski ADDRESS 930 Eastern Ave

Spec.—D-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05841

CERTIFICATE OF DEATH.

E 05841

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Dreyles.

(a) RESIDENCE NO. 329 S. W. 11th Ave ST., WARD Phila Pa
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6 DATE OF BIRTH (month, day, and year) December

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pa -

PARENTS

10 NAME OF FATHER John R. Dreyles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Clara Mc Donegal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 18 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1926, to Jan. 17th, 1926, that I last saw h m alive on Jan 17th, 1926, and that death occurred, on the date stated above, at 1.47 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 13 '26

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Robt. J. Allison Jr. M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila. Pa

DATE OF BURIAL 1-18 1926

20 UNDERTAKER C. F. Evans & Son

ADDRESS 1182 W. Baltimore

E 05842

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 05842

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Colonial Hospital St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice B. Hamilton

(Residence in Baltimore: No. 1959 N Collington Ave, St.; 10 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widow

6-DATE OF BIRTH, Feb. (Month) 23 (Day) 1886 (Year)

7-AGE, 39 yrs. 10 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) Hd

9-BIRTHPLACE, (State or Country), Harford Co. Md.

PARENTS.

10-NAME OF FATHER, Wm H. Dorsey

11-BIRTHPLACE OF FATHER, (State or Country), Harford Co. Md.

12-MAIDEN NAME OF MOTHER, Anna E. Tucker

13-BIRTHPLACE OF MOTHER, (State or Country) St Marys Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A. J. Chenoweth

(Address) 1417 N. Central Ave.

15-

JAN 18 1926

Filed....., 192.....

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 15 (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ~~inquest~~ (Inquest, autopsy or Inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration).....yrs.....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Jan. 16 192 6 (Address) 2 S.O.2 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion M.E. Church Cemetery, Bel Air, Md.

DATE OF BURIAL, Jan 18 192 6

20-UNDERTAKER, Robt. T. Turner Inc.

ADDRESS 1442 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

(Rosa L. Mitchell)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05843 12 E 05843

CERTIFICATE OF DEATH.

E 05843

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospl ST. 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Rosa L Mitchell

(a) RESIDENCE NO. 3810 Chatham Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas T. Mitchell

6 DATE OF BIRTH (month, day, and year) Nov. 19, 1854.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Columbus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Rosebury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Rosa Mitchell

(Address) 3810 Chatham Rd

15 Filed JAN 18 1926 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/15/26

17 I HEREBY CERTIFY, That I attended deceased from 12-29-25, 19 .., to 1/15/26, 19 .., that I last saw h alive on 1/15/26 and that death occurred, on the date stated above, at 8 45 m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

~~Acute~~ Cholecystostomy

(duration) yrs. mos 4 6 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12/30/25

Was there an autopsy? Not

What test confirmed diagnosis? Clinical

(Signed) Jno A Compton, M. D.

, 19 (Address) 1401 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Jan 19 1926

20 UNDERTAKER John F Denny

ADDRESS 75 Light St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05844

CERTIFICATE OF DEATH.

101-001

E 05844

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. University Hospital 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James L. Bromwell

(a) RESIDENCE No. 508 East Potomac ST. E. Balto. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie A. Bromwell

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Jake Bromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Valeria McInnis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Univ. Hosp. Records (Address)

15 Filed JAN 18 1926, 19 . ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1925, to Jan 16, 1926, that I last saw him alive on Jan 16, 1926, and that death occurred, on the date stated above, at 9.20 p m.

The CAUSE OF DEATH* was as follows:

Hypernephroid Epithelioma and Carcinomatosis

duration 1 Month ds.

CONTRIBUTORY (Secondary) Stomach

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Univ. Hosp.

Did an operation precede death? Yes Date of Dec 19 25

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Edwin M Robertson, M. D.

, 19 (Address) University Hospital Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Jan 18 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05845 74-001 E 05845

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 26-3

CITY OF BALTIMORE: (No. 3501 Phila. Road AVE ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Small Wagner

(a) RESIDENCE NO. 3501 Phila. Road AVE ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	white	widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Wagner

6 DATE OF BIRTH (month, day, and year) Jan 29-1835

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	11	18 17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

10 NAME OF FATHER Josiah Small

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Aretla Childs

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant Miss M. Wagner
(Address) 3501 Phila Road

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure
(Possible Apoplexy 2 days before death)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senility

(duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Waller, M. D.
(Coroner.)

1/17/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Jan 18 1926

20 UNDERTAKER Jno B Spence. — ADDRESS 1325 N. Caroline St

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05846

CERTIFICATE OF DEATH.

90 E 05846

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 E Monument St ST., 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hudson

(a) RESIDENCE NO. 1013 E. Monument St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John Hudson

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook 671
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Somerset Co., Md

10 NAME OF FATHER Jess Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sally James

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bertha Hopkins (niece)
(Address) 1013 E. Monument St

15 Filed JAN 18 1926 HUBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Tonsillitis (duration) yrs. mos. 4 ds.

(Signed) J S H Vallen, M. D. (Coroner.)

1/15/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Princess Anne Md — DATE OF BURIAL Jan 18 1926

20 UNDERTAKER Thos J. G. Locke — ADDRESS 1512 Jeffers

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05847

CERTIFICATE OF DEATH.

17 E 05847

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3723 Clairmount ST. 16-5 WARD)

2-FULL NAME George Raeder

(a) RESIDENCE NO. 3726 Clairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Don't Know

7 AGE — Years: 74 — Months — Days — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shore Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Raeder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Amelia M. Raeder

(Address) 3723 Clairmount

15 Filed ..... 19.....

Registrar

JAN 18 1926 Burial Permit Issued

ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to Jan 16, 1926

that I last saw him alive on Jan 15, 1926

and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Cutlow, M. D.

1/16, 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Jan 15, 1926

20 UNDERTAKER: John Merrick

ADDRESS: 2008 Orleans

Spec.- 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05848

CERTIFICATE OF DEATH.

101-001 E 05848

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 144 Wilson ST., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel W. Brevitt

(a) RESIDENCE No. 144 Wilson ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Hilles Brevitt

6 DATE OF BIRTH (month, day, and year) July 19-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Ono

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William Shaw

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Sarah Megraw

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Jessie Brevitt (Address) 144 Wilson St.

15 Filed JAN 18 1926, 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 13 1926, to Jany 14 1926,

that I last saw her alive on Jany 14, 1926,

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Contributory (duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Edward C. Mackenzie, M. D.

Jany 15, 1926 (Address) 1329 Mott Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL Jan 18 1926

20 UNDERTAKER Chas. E. Franck — ADDRESS 802 Madison Av

Spec.—1-10-21—M&T—1500 Bks.

E 05849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 05849

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] St. 21-2 WARD)

2-FULL NAME Mary Hiltner

(a) RESIDENCE No. 1159 Carroll ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Hiltner

6 DATE OF BIRTH (month, day, and year) April 6th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Frank Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Hiltner

(Address) 1159 Carroll st

15 Filed 1926, 19

Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to Jan 16 1926

that I last saw h alive on Jan 15 1926

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Papilloma of Bladder Ulceration

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Hemorrhage from Bladder

(Signed) Chas A Carlin, M. D.

1/16, 1926 (Address) 2105 N Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 19 1926

20 UNDERTAKER, John J Fields — ADDRESS 1700 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

E 05850

HEALTH DEPARTMENT—CITY OF BALTIMORE.

100 001

100 E 05850

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Dunst Alley ST. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella R. Hartman.

(a) RESIDENCE NO. 1255 Riverside Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Casper J Hartman

6 DATE OF BIRTH (month, day, and year): Oct 22 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: William Goodrich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Casper J Hartman

(Address): 1231 Dunst Alley

15 Filed , 19 Registrar

ROBERT E. KRAUTER

Burial Permit

JAN 18 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15 1926

17 I HEREBY CERTIFY, That I attended deceased from January 14, 19 26, to Jan 15, 19 26; that I last saw h alive on Jan 14, 19 26; and that death occurred, on the date stated above, at 12 20 A m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross acc

DATE OF BURIAL: 1-19 1926

20 UNDERTAKER: Earl B. Harle

ADDRESS: 115 E West St

Spec.—1-10-21—M&T—1500 Bks.

E 05851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 05851

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 621 Eastern Road ST., 16-3 (WARD)

2-FULL NAME Jennie E. Easterday

(a) RESIDENCE NO. 621 Eastern Road ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaker

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self

9 BIRTHPLACE (city or town) Washington Co. Md
(State or country)

PARENTS

10 NAME OF FATHER John A. Easterday

11 BIRTHPLACE OF FATHER (city or town) Washington Co. Md
(State or country)

12 MAIDEN NAME OF MOTHER Margaret M. Lyzar

13 BIRTHPLACE OF MOTHER (city or town) Washington Co. Md
(State or country)

14 Informant Mrs. Bernard George
(Address) 621 Eastern Road

15 Filed JAN 18 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1926 to Jan. 16, 1926 that I last saw h alive on Jan 16, 1926 and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Locomotor ataxia

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. T. Hennessy M. D.

(Address) 2502 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Boneybrook Lutheran Md — DATE OF BURIAL 1/19/26

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson Ave

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05852

CERTIFICATE OF DEATH.

88 E 05852

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. North Ave Ht Washington Ave Ht (St.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Sheridan

(a) RESIDENCE No. North Ave Ht Washington Ave Ht (St.) WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jennie M Sheridan

6 DATE OF BIRTH (month, day, and year) Dec 22nd 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69		24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Traffic Manager

(b) General nature of industry, business, or establishment in which employed (or employer) W. & M. Co. 986

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER R. B. Sheridan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Martha Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Richard C. Sheridan

(Address) North Ave Ht Washington Ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Jan 16, 1926, that I last saw him alive on Jan 16, 1926, and that death occurred, on the date stated above, at 8-15 P m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis

(Staphylococcus viridans)

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) Cardiodilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood culture

(Signed) [illegible], M. D.

Jan 17. 1926 (Address) 8429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Jan 19 1926
20 UNDERTAKER	ADDRESS
Henry Watkins & Sons Co	Orchard & Calhoun

Spec.—1-10-21—M&T—1500 Bks.

Simpson

E 05853

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05853

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 E. Lexington ST. 5-1 WARD)

2-FULL NAME Alexander Tutson

(a) RESIDENCE NO. 1221 E. Lexington ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 34 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Robert H. Simpson

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Harriet Coleman

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Harriet Simpson

(Address) 1221 E Lexington St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1925, to Jan 15, 1926, that I last saw h— alive on Jan 14, 1926, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) 1 yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles N. Howlett M. D.

Jan 16 1926 (Address) 712 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Jan 18/26

20 UNDERTAKER Hamme & Easton — ADDRESS 916 Eager

Spec.—1-10-21y-M&T—1500 Bks.

E 05854

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05854

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 255 W. Hoffman ST., 11-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Selina Francis

(a) RESIDENCE NO. 255 W. Hoffman ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	~~Married~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	35	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 07

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Luziah Lewis.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Nellie Francis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Nellie Brown (Address) 255 W. Hoffman St

15 Filed JAN 18 1926, 19 ROBERT R. KRAUTH, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16-1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1925, to January 17, 1926, that I last saw her alive on January 16, 1926, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Dilatation of heart

(duration) unknown yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Chester Riland, M. D.

1-17, 1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Jan 19 1926
20 UNDERTAKER Dasie Easton	ADDRESS 516 Pa Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05855

100-001

CERTIFICATE OF DEATH.

E 05855

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 523 W. Lexington St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Sophie Marie Kalbfleisch

(a) Residence No. #523 W. Lexington St., St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Kalbfleisch

6-DATE OF BIRTH (month, day and year) April 24 1872

7-AGE, 53 yrs. 8 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Balto - Md.

PARENTS.

10-NAME OF FATHER Christian Bohn

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Katherine Pennstiel

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Germany

14- (Informant) Mrs Harry Strong

(Address) 5734 Lexington St

15-

Filed ....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 15, 1926.

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926 to Jan 15, 1926.

that I last saw h.. alive on Jan 15, 1926

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

1 Bronchial Asthema

Bronchi - Pneumonia

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency Arteriosclerosis

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Dryer, M. D.

, 19 (Address) 156 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL, Jan 18, 1926

UNDERTAKER Harry A. Fritz Co

ADDRESS 1531 W. Lombard St.

Spec.—1-10-21—M&T—1500 Bks.

Jozzie

E 05856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 27-23

E 05856

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5209 Belmont Ave (St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary T Fozzie

(a) RESIDENCE NO. 5209 Belmont ave WARD Newport R-I

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 1900

7 AGE: Years 26; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Duties 048

(b) General nature of industry, business, or establishment in which employed (or employer): Lincoln Hospital

(c) Name of employer: New York

9 BIRTHPLACE (city or town) (State or country): Newport R I

PARENTS

10 NAME OF FATHER: Chas Fozzie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Nova Scotia

12 MAIDEN NAME OF MOTHER: Elizabeth Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Md

14 Informant: Mrs Elizabeth Fozzie (Address): 26 Fifteenth St Newport

15 Filed ..., 19.. Registrar: R. I.

ROBERT R. KRAUTER, [illegible] Health Clerk

8 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16/26 19

17

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1925, to Jan 16, 1926,

that I last saw h[illegible] alive on Jan 16, 1926,

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? New Port R.I.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Sputum Test

(Signed) [illegible], M. D.

, 19 (Address) 506 Park Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Newport R Island — DATE OF BURIAL: Jan 19th 1926

20 UNDERTAKER: Hammett & Wright — ADDRESS: 364 Main St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05857

CERTIFICATE OF DEATH.

90 05857

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5221 York Rd ST., 27-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Lillian Spooner

(a) RESIDENCE NO. 5221 York Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm B. Spooner

6 DATE OF BIRTH (month, day, and year) Nov 4 - 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	2/1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Norwich Conn.
(State or country)

PARENTS

10 NAME OF FATHER John Silva

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Azores.

12 MAIDEN NAME OF MOTHER Dill. Gomes. 1-17-1926

13 BIRTHPLACE OF MOTHER (city or town) Azores
(State or country)

14 Informant Wm B Spooner.
(Address) 5221 York Rd

15 Filed JAN 18 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1925, to Jan 16, 1926,

that I last saw her alive on Jan 15, 1926,

and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Hoen, M. D.

(Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 19 1926

UNDERTAKER Wm. Cook — ADDRESS 322 Hoch Ave

ROBERT N. KRAUTER
Registrar of Records

Cor.—1-12-28—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05858

CERTIFICATE OF DEATH.

84

E 05858

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Gilford ST. 12-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Renner

(a) RESIDENCE NO. 1622 Guilford ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Wid

6a If married, widowed, or divorced HUSBAND of (or) WIFE of George D Renner

6 DATE OF BIRTH (month, day, and year) March 11, 1864

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
3-8	10	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work N. Keeper 37
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER J. Stocker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

14 Informant Lew Renner (Address) 1622 Guil

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hydrocephalus Edema.

(Hydrocephalus (duration)) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Riley, M. D.
(Coroner.)

Jan 16, 1926 (Address) 1639 Dru

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL June 18 1926

20 UNDERTAKER W. M. Cook — ADDRESS 502 E North Ave

Spec.—1-10-21 M&T 1500 Bks.

Dora A Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05859

CERTIFICATE OF DEATH.

X 134-002

E 05859

1-PLACE OF DEATH 1418 Eutaw Place

CITY OF BALTIMORE: (NO.) Howard A. Kelly Hospital ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. J. L. Johnson.

(a) RESIDENCE NO. 74 Worth Texas. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Johnson

6 DATE OF BIRTH (month, day, and year) Oct 14 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 07

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Slater Mo

(State or country)

PARENTS

10 NAME OF FATHER McCulloch

11 BIRTHPLACE OF FATHER (city or town) unknown

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown

(State or country)

14 Informant John L. Johnson

(Address) Fort Worth Texas

15 Filed ..... 19 ..... Registrar

AN 8 1926 ROBERT P. KRAUTER

BUREAU VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 11, 1926, to Jan 18, 1926, that I last saw h.w alive on Jan 18, 1926, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Surgical shock.

(duration) yrs. mos 1 dy ds.

CONTRIBUTORY (Secondary) Varics. vagus ulcers

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? U. S. A.

Did an operation precede death? yes Date of Jan 18. 1926.

Was there an autopsy? no.

What test confirmed diagnosis? Physical Exam

(Signed) Theklain Hazel Jr. M. D.

1-18, 1926 (Address) 1418 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fort Worth Texas — DATE OF BURIAL Jan 18 1926

20 UNDERTAKER Chas. G. Black — ADDRESS 742 Edmonds ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05860 E 05860

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 530 St Mary (St.) 17-2 (Ward)

REGISTERED NO. 100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilbur H. Bailey

(a) RESIDENCE No. 530 St. Mary St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 9, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — 020

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry M. Bailey

11 BIRTHPLACE OF FATHER (city or town) Fairmont (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Margaret Saunders

13 BIRTHPLACE OF MOTHER (city or town) Hallo Hill (State or country) Va.

14 Informant Margaret A. Bailey (Address) 530 St. Marys St

15 Filed JAN 18 1926, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to Jan 15, 1926, that I last saw him alive on Jan 14, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) W. A. Evans, M. D.

, 19 (Address) 1200 Penn Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Jan 17 1926

20 UNDERTAKER John M. Johnson

ADDRESS 623 Ellwood St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05861

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05861

CERTIFICATE OF DEATH.

11-2 19

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 226 W. Biddle St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George T. Jackson

(a) Residence No. 226 W. Biddle St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Mary M. Jackson

6-DATE OF BIRTH (month, day and year) Jan 24 1874

7-AGE, 51 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer 940

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Jackson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14-

(Informant) Mrs. Mary M. Jackson

(Address) 226 W. Biddle St

15-

Filed..... 19.....

ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

JAN 18 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 15-26

17- I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Jan 15, 1926, that I last saw him alive on Jan 15, 1926, and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

about

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Callaway M. D.

, 19 (Address) 817 Hamilton Terr

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-KIND OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn Cem

DATE OF BURIAL 1/18/26

20-UNDERTAKER, Samuel Bradley

ADDRESS Biddle

Spec.—1-10-21—M&T—1500 Bks.

E 05862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

E 05862

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST. 15-13 WARD)

2-FULL NAME Baby Crouer

(a) RESIDENCE NO. 2502 Reisterstown Rd. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-17-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				9 hrs. or 28 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Lewis Crouer

11 BIRTHPLACE OF FATHER (city or town) Hampton
(State or country) Va.

12 MAIDEN NAME OF MOTHER Mildred Rosskam

13 BIRTHPLACE OF MOTHER (city or town) Savannah
(State or country) Ga.

14

Informant Lewis Crouer

(Address) 2502 Reisterstown Road

15

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-1926

17

I HEREBY CERTIFY, That I attended deceased from 1-17—, 1926, to 1-18, 1926,

that I last saw him alive on 1-18, 1926,

and that death occurred, on the date stated above, at 2:40 P. m.

The CAUSE OF DEATH* was as follows:

Intracranial Pressure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Premature ruptured membranes

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. W. Dorsey Jr. M. D.

1-18, 1926 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holmes Washington Rd

DATE OF BURIAL 1/18 1926

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05863

E 05863

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 S. Ellwood Avenue ST. 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary. Markowski

(a) RESIDENCE No. 1234 S. Ellwood Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John . Markowski

6 DATE OF BIRTH (month, day, and year) Nov. 10 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Josepn . Kapela

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary . Lesniewski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. John . Markowski

(Address) 1234 S. Ellwood Avenue

15 Filed JAN 18 1926, 19 ROBERT F. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 9 - 1926, to Jan 15 - 1926, that I last saw h. alive on Jan - 14 - 1926, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

La Grippe —

(duration) yrs. mos 8 da.

CONTRIBUTORY (Secondary) Broncho - Pneumonia

(duration) yrs. mos. 6 da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Frank C Bramer, M. D.

, 19 (Address) 125 N Bond —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: Jan 18 1926

20 UNDERTAKER: John McWeber ADDRESS: 1503 Bank St

Spec.—1-10-21—M&T—1500 Bks.

E 05864

HEALTH DEPARTMENT—CITY OF BALTIMORE

185 E 05864

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Light ST. 24-1 WARD)

2-FULL NAME Lelia A. Moncrafft

(a) RESIDENCE NO. 1307 Light ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W. Moncrafft

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

No Inquest necessary Otto M Reinhardt Coroner

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Conroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Geo. W. Moncrafft
(Address) 1307 Light St

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 12, 1926, to Jany 14, 1926, that I last saw her alive on Jany 14, 1926, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

(Corr.)

Concussion of Brain

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Fall Accidental

(duration) ... yrs. ... mos. ✓ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) H. O. Smith, M. D.

Jany 15, 1926 (Address) 111 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cem.	1/18/26
20 UNDERTAKER	ADDRESS
J. J. Fahey & Sons	1318 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 05865

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 05865

1-PLACE OF DEATH Church Home and Infirmary REGISTERED NO.

CITY OF BALTIMORE: (No. N. Broadway ST. 2854 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Lemar Myers

(a) RESIDENCE NO. 62 Walnut Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 20 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	18	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frederick Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Pauline Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant Frederick Myers (Address) 62 Walnut Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16, 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1926, to Jan. 16, 1926

that I last saw him alive on Jan. 16, 1926

and that death occurred, on the date stated above, at 11:35 a.m.

The CAUSE OF DEATH* was as follows:

Double lobar pneumonia, Uncertain.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? yes Date of Jan. 15. '26 (over)

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) J. C. Smith, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn DATE OF BURIAL Jan 20 1926

20 UNDERTAKER Wendell Duffel & Son ADDRESS 378 N

ROBERT F. KU... Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05866

CERTIFICATE OF DEATH.

100-001

E 05866

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 N Glover ST. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J Anderson

(a) RESIDENCE NO. 252 N Glover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 11 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80 82	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant: Vincent Gumpini

(Address) 911 Eutaw

15 Filed JAN 18 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1926, to Jan 14, 1926, that I last saw h[illegible] alive on Jan 14, 1926, and that death occurred, on the date stated above, at 6 12 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Myocarditis Insufficiency. Pulmonary Edema

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. L. Keyser M. D.

, 19 (Address) 106 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: Jan 17 1926

20 UNDERTAKER: Wendell Dyer & Son — ADDRESS: 378 N

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05867

CERTIFICATE OF DEATH.

E 05867

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 309 S Spring St ST. 3-2 WARD)

2-FULL NAME Joseph Borcki

(a) RESIDENCE NO. 309 S Spring ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5y yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Jan 22 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Casmir Borcki

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Stanislaw Jaszkowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant (Address): Casmir Borcki 309 S Spring St

15 Filed ..... 19 .....

JAN 18 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-17 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/14, 1926 to 1/17, 1926.

that I last saw h[illegible] alive on Jan 17, 1926.

and that death occurred, on the date stated above, at 8 [illegible] P m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary): Acute Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

1/18, 1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus

DATE OF BURIAL: January 19 1926

20 UNDERTAKER: Wendell Dippel & Son

ADDRESS: 378 [illegible]

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05868 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05868

1-PLACE OF DEATH

City of BALTIMORE: (No. 819 W Pratt St., 19-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H. King

(a) Residence No. 1819 W Pratt St Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): May 2nd 1860

7-AGE. 65 yrs. 8 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: City Inspector

(b) General nature of Industry, business, or establishment in which employed (or employer): Life Ins Co

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: George R. King

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Elizabeth R. Stewart

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

14- (Informant): Mrs. E. King

(Address) 1806 W Lanvale St

15- Filed JAN 18 1926 19: Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 15 1926

17- I HEREBY CERTIFY, That I attended deceased from Sept. 19 22 to January 16th 19 26

that I last saw h[illegible] alive on January 16th 19 26

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Howard Lakin M. D.

1/17, 1926 (Address) 211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem DATE OF BURIAL, Jan 19th 19 26

20-UNDERTAKER, Geo L. Schwab ADDRESS 210 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

E 05869

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 05869

CERTIFICATE OF DEATH.

70-3

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 W Baltimore St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Doering

(Residence in Baltimore: No. 2207 W Baltimore St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 1 (Day), 1849 (Year)

7-AGE, 76 yrs. 7 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Sonder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Doering

(Address) 2207 W. Balto St

15-

Filed ....., 191.....

JAN 16 1926 Bureau of Vital Statistics Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 17 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1926, to Jan 17 1926, that I saw her alive on Jan 16 1926, and that death occurred, on the date stated above, at 12 05 P.M.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(b) Cancer of Breast

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. G. Smith M. D.

....., 191... (Address) 11 E. Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Jan. 20th, 1926

20-UNDERTAKER Geo L. Schwab | ADDRESS 201 Frederick

Spec.—1-10-21—M&T—1500 Blks.

E 05870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

106

E 05870

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 648 S. Belnord Ave. ST. 1 WARD 1-2

2-FULL NAME Elizabeth Kobaski

(a) RESIDENCE NO. 648 S Belnord Ave ST. 1 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 3? mos. ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1871 —

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not K

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Frances Cuntzak

(Address) 648 S Stouffer St.

15 Filed JAN 8 1926 ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-16 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1926, to Jan. 16, 1926, that I last saw her alive on Jan. 16, 1926 and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Emphysema

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John F. Dzierbicki M. D.

, 19 (Address) 735 S. Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem

DATE OF BURIAL Jan-19 1926

20 UNDERTAKER Stephen J Fialkowski

ADDRESS 1000 S Ellwood Ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 05871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05871

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Dillon ST.: 1 WARD 13)

2-FULL NAME Michal Kordonski

(a) RESIDENCE. No. 2700 Dillon ST.. 1 WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —.

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Michal Kordonski
(Address) 2700 E Dillon St

15 Filed JAN 18 1926, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 16, 1926, that I last saw him alive on Jan 16, 1926, and that death occurred, on the date stated above, at 9- 9 m.

The CAUSE OF DEATH* was as follows:

Chronic bronchial asthma (duration) yrs. unknown ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. about 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

1/16, 1926 (Signed) Francis Kanuzeski, M. D.
(Address) 2431 East Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Jan 20 1926
20 UNDERTAKER	ADDRESS
Stephen J Trakowski	1000 S Kenwood Ave

E 05872

HEALTH DEPARTMENT—CITY OF BALTIMORE. 001

CERTIFICATE OF DEATH.

18 E 05872

1-PLACE OF DEATH

City of BALTIMORE, (No. 676 N. Bats. St. H-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie V- (or) Miller

(Residence in Baltimore: No. 676 N. Bats St. St.; yrs., Inches mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

6-DATE OF BIRTH, about 43 yrs (Month) (Day) (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer), Manhattan Restaurant

9-BIRTHPLACE, (State or Country), Penn

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER, (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ida Bosnell

(Address) 724 N. Bath St.

15-

Filed..... 192.....

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

TWE MORGUE

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 11- (Month) (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental -

H. Gas Poisoning

(Duration) 17 yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 15 yrs. mos. 1 ds.

(Signed) J. G. Blades M. D. (Coroner.)

June 11 192 (Address) 43 E. Biddle

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto County DATE OF BURIAL, 1/18 192 26

20-UNDERTAKER, J. A. Doran ADDRESS 300 E Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05873

CERTIFICATE OF DEATH.

4ff E 05873

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Ashland Ave ST., 7-1 WARD)

2-FULL NAME Francis Brown

(a) RESIDENCE NO. 1821 Ashland Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (~~HUSBAND of~~) (or) WIFE of Walter Brown

6 DATE OF BIRTH (month, day, and year) July 1st 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	46	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home world

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER John Jackson

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Ida Cooper

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Ida Jackson mother
(Address) 1821 Ashland Ave

15 Filed ..... 19 .....

HUBERT R. KRAUTER,
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1926, to Jan 15, 1926, that I last saw h[illegible] alive on Jan 14, 1926 and that death occurred, on the date stated above, at 1 P. m

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver, and Pancreas Metastatic to Peritoneum

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Carcinoma Both Breast. Unknown

(duration) Unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R J Gaboury, M. D.

1/16, 1926 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery Jan	18 1926
20 UNDERTAKER	ADDRESS
Milton Dodd	316 E Eager

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05874

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05874

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 31-E-North Ave St. 17-6 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Archibald Cunningham Harrison

(a) Residence No. 31-E North Ave St., Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 62 yrs. 0 mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Maxfield Harrison

6-DATE OF BIRTH (month, day and year): Jan-6-1864

7-AGE: 62 yrs. 0 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer): Medicine

(c) Name of employer: Self

9-BIRTHPLACE (city or town) (State or Country): New Kent Co. Virginia

PARENTS.

10-NAME OF FATHER: Thos. R. Harrison

11-BIRTHPLACE OF FATHER (city or town) (State or Country): New Kent Co. Virginia

12-MAIDEN NAME OF MOTHER: Julia Leigh

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): New Kent Co Virginia

14- (Informant) Mrs A. H. Harrison (wife)

(Address) 31-E-North Ave.

15- Filed Howard P. Harrison, Registrar.

1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 17 1926.

17- I HEREBY CERTIFY, That I attended deceased from January 10, 1926, to January 17, 1926, that I last saw h.. alive on January 17, 1926, and that death occurred, on the date stated above, at 6.40 p.m.

The CAUSE OF DEATH* was as follows:

Endocarditis and cerebral embolism

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Valvular heart disease Several

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Walter D. Wise M. D.

, 19 (Address) 1800 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Funeral Home Co Va. DATE OF BURIAL: Jan 19th 1926

20-UNDERTAKER: Stewart & Monerko ADDRESS: 108 W. North.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05875

118 2 05875

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl Hosp. ST., 16-7 WARD)

2-FULL NAME [redacted] Ida Claude

(a) RESIDENCE NO. 625 N. Carrolton Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 5, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... Texas
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Texas

12 MAIDEN NAME OF MOTHER Emily Tiden

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ireland

14 Informant Mrs Ida Claude
(Address) 625 N. Carrolton Ave

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1926, to Jan 16, 1926, that I last saw h[redacted] alive on Jan 16, 1926, and that death occurred, on the date stated above, at 10:15 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Syphilis ? yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan 16/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos A Bongardino M. D.

, 19 (Address) Md Genl Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 1/19 1926

20 UNDERTAKER A. C. Browning — ADDRESS [redacted]

8 1926 ROBERT P. LAMB'S [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 05876

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05876

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N. Carrollton Ave. ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Lee Schultz,

(a) RESIDENCE No. 408 N. Carrollton Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 3. 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	20	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Automobile Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brunswick Md.

PARENTS

10 NAME OF FATHER Harry A. Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charlestown W. Va.

12 MAIDEN NAME OF MOTHER Isabelle Swayne,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Winchester Va.

14 Informant (Address) Harry A. Schultz, 408 N. Carrollton Ave

15 Filed , 19 Baker P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 12 . 1926 . to Jan 17 . 1926 .

that I last saw him alive on Jan 17 . 1926 .

and that death occurred, on the date stated above, at 9 30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ✓ yrs. ✓ mos 4 ds.

CONTRIBUTORY (Secondary) None

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry G. Ohle M. D.

Jan 17. 1926 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Loudon Park

DATE OF BURIAL Jan 19. 1926

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE

Spec.--1-10-21—M&T—1500 Bks.

E 05877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05877

CERTIFICATE OF DEATH.

179

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 412 N. Poppleton ST. 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Appel,

(a) RESIDENCE NO. 412 N. Poppleton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 26. 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Appel,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Foster,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John Appel, 412 N. Poppleton St.

15 Filed JAN 1926 19 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 4 1925 to Jan 18 1926, that I last saw her alive on Jan 18 1926, and that death occurred, on the date stated above, at 12.45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) c yrs. 2 mos 14 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) c yrs. c mos. 4 ds.

18 Where was disease contracted if not at place of death? 412 N Poppleton St

Did an operation precede death? No Date of c

Was there an autopsy? No

What test confirmed diagnosis? c

(Signed) August Horn, M. D.

Jan 18, 1926 (Address) 2808 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Western DATE OF BURIAL JAN 20 1926 19

20 UNDERTAKER Geo W Little ADDRESS EDMONDSON AVE.

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

E 05878

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05878

CERTIFICATE OF DEATH.

10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 N. Fulton Ave ST. 16-4 WARD)

2-FULL NAME George R. Miller

(a) RESIDENCE NO. 1100 N Fulton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 21 st 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Geo L Miller

11 BIRTHPLACE OF FATHER (city or town) Balto Md.
(State or country)

12 MAIDEN NAME OF MOTHER Maud E Dyke

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

14 Informant Mrs Geo L Miller
(Address) 1100 N Fulton Ave

15 Filed 8 1926, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18th 1926.

17

I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926, to Jan 18, 1926.

that I last saw h alive on Jan 18, 1926,

and that death occurred, on the date stated above, at 8.4 m.

The CAUSE OF DEATH* was as follows:

Laryngeal and Pharyngeal Diphtheria

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. A. Lally, M. D.

, 19 (Address) 35-17 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Jan 19 1926

20 UNDERTAKER John F. Coyne & Son

ADDRESS 901 W. Lafayette Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05879 E 05879

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 101 S. 6th St. (ST.) Brooklyn (WARD) 25-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Mitchell Childs

(a) RESIDENCE. No. 101 S 6th St. Brooklyn WARD. Texas

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Wh	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 17 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Kelly Conley Co

9 BIRTHPLACE (city or town) Fairfield (State or country) Free Stone Co Tex

PARENTS

10 NAME OF FATHER Leon H Childs

11 BIRTHPLACE OF FATHER (city or town) Fairfield (State or country) Free Stone Co Texas

12 MAIDEN NAME OF MOTHER Lou Hyndon

13 BIRTHPLACE OF MOTHER (city or town) Free Stone (State or country) Co Texas

14 Informant J. V. Wisdom

(Address) 16 E. 1st St. Brooklyn Md.

15 Filed JAN 18 1926 19 Robert F. Garrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 9 1926, to Jan 18 1926, that I last saw h alive on Jan 18 1926, and that death occurred, on the date stated above, at 2.10 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, bilateral

(duration) yrs. — mos. — 8 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Robert W Johnson, M. D.

19 (Address) Brooklyn Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fairfield Texas	Jan 21 1926

20 UNDERTAKER Robert Brookesden ADDRESS Calhoun Hollins 26

Spec.—1-10-21—M&T—1500 Bks.

05880

HEALTH DEPARTMENT—CITY OF BALTIMORE

05880

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. Phipps WARD)

2-FULL NAME Harold M. Slee

(a) RESIDENCE NO. Aberdeen Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. H. M. Slee

6 DATE OF BIRTH (month, day, and year) Nov. 27th 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Kennedy

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Hospital records
(Address) Homewood Baltimore

15 Filed ..... 1926 ..... , 19 Robert F. Barrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1926, to Jan 18th, 1926, that I last saw h(im) alive on Jan 17th, 1926, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

pneumonia
acute myocarditis
since Dec. 21st (duration) yrs. mos. ds. (Over)

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Aberdeen Md.

Did an operation precede death? no Date of

Was there an autopsy? ~~no~~ not yet decided

What test confirmed diagnosis?

(Signed) F. I. Wertheimer, M. D.

Jan 18th 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Aberdeen Md. | DATE OF BURIAL 1/22 1926

UNDERTAKER ..... | ADDRESS .....

Spec.—1-10-21—M&T—1500 Bks.

E 05881

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05881

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1919 Wilkens Ave (St.) 20-5 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth French.

(a) RESIDENCE NO. 1919 Wilkens Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white.	single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 5th 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Edward J French

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Nora Tierney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mr Ed. J French

(Address) 1919 Wilkens Ave.

15 Filed ..... 19 ..... Registrar

Mabel E. Harrison

JAN 1926

Death Certificate Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1925, to Jan 17, 1926, that I last saw h[illegible] alive on Jan 16, 1926, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry D. McCarty, M. D.

1-18-1926 (Address) 607 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Jan 20 1926

20 UNDERTAKER John J Logan & Son ADDRESS 901 Hollins

Per J J Logan

Cor.—t-12-28—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05882

E 05882

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. On way from Canton Yard to Mercy Hospital ST. ..... WARD)

2-FULL NAME John W. Willey

(a) RESIDENCE NO. 3919 Fernwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a If married, widowed, or divorced, HUSBAND of (or) WIFE of Ford

DATE OF BIRTH (month, day, and year) June 20. 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	6	26	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer) Pa R.R. Co
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa.

10 NAME OF FATHER John Willey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary A. Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant Mrs. Willey
(Address) 3919 Fernwood Ave

Filed ..... 192 .....
Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Chest Crushed - Internal Injuries
Crushed by Pa. R.R. Engine at Canton Yard
Sudden (Duration) Accidental yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H W Riley, M. D.
(Coroner.)
Jan 18, 1926 (Address) 1659 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL Jan 21 1926

20 UNDERTAKER Sinkler & Sinkler — ADDRESS 1739 E. Eager

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05883

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05883

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 N. Washington ST.: 7 — WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. (Cunningham) Stevenson

(a) RESIDENCE. No. 1016 N. Washington ST., 7 — WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 13-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Earback

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Edward J. Cunningham

(Address) 1016 N. Washington St.

15 Filed ... , 19 ... Registrar

81926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16 — 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13 — 1924 to Jan. 16 — 1926, that I last saw h Es alive on January 16 — 1926, and that death occurred, on the date stated above, at 2 20 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Edwin B. Fenby, M. D.

1/16/1926 Address 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 19 1926
20 UNDERTAKER	ADDRESS
Zirkler + Zirkler	1739 E Eager St.

E 05884

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05884

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3318 Foster Ave. Ward) 26-5

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lauretta Ruggles

(Residence in Baltimore: No. 3318 Foster Ave St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	~~Married~~ Single

6-DATE OF BIRTH. Dec. (Month) 19 (Day) 1925 (Year)

7-AGE. — yrs. 1 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER. Vernon Ruggles

11-BIRTHPLACE OF FATHER. (State or Country) Georgetown, S.C.

12-MAIDEN NAME OF MOTHER. Elsie Ditzel

13-BIRTHPLACE OF MOTHER. (State or Country) Bradford Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vernon Ruggles

(Address) 3318 Foster Ave

15-

Filed ..... 192.....

Robert P. Harrison,

Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 17 (Month) (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental

Asphyxia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Burns

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A.S. Goodwin M. D.

(Coroner.)

Jan 18 192 6 (Address) 1163 N. Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem.	Jan 19 19 26
20-UNDERTAKER.	ADDRESS
Zirkler & Zirkler	1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

E 05885

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05885

CERTIFICATE OF DEATH.

89

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 Queen Anne Rd (ST.) 15-5 (WARD)

2-FULL NAME Martin Russell Mettee

(a) RESIDENCE NO. 2 Queen Anne Rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria A. Mettee

6 DATE OF BIRTH (month, day, and year) Mar 6 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Traveling Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Carter Webster & Co

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Lewis A. Mettee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan A Dawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Carroll R. Mettee

(Address) 2 Queen Anne Road

15 Filed 8-1926, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1926, to Jan. 16, 1926, that I last saw him alive on Jan. 16, 1926, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis (acute)
Angina pectoris

(duration) 0 yrs. 0 mos 10 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Symptoms & Exam's

(Signed) E A Dodds, M. D.

Jan 18 1926 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL Jan 19 1926

20 UNDERTAKER Wm J Tucker Sons ADDRESS Monument & Pa

Spec.—1-10-21—M&T—1500 Bks.

E 05886

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-02

E 05886

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Confederate Women St. Belleu WARD) 17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Hammond

(a) RESIDENCE NO. Home for Confederate Women St. Belleu WARD

(Usual place of abode) (non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Hammond

6 DATE OF BIRTH (month, day, and year): May ? 1841

7 AGE: Years 84 Months 8 Days ? If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): G. Co. Md

PARENTS

10 NAME OF FATHER: Samuel Parrott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eleanor Cross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Lula W. Krupick

(Address): Riva aa. Co. Md.

15 Filed , 19 Robert P. Harrison, Registrar

8 1926 Health Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/17, 1926, to 1/17, 1926, that I last saw h[illegible] alive on 1/17, 1926, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:-

Senile Bronchitis

(duration) yrs. 6 mos ds

CONTRIBUTORY (Secondary): Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) Geo W Hocking, M. D.

, 19 (Address) 5835 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Jan 19 1926

20 UNDERTAKER: Wm Fickner

ADDRESS: York Rd & Pa

Spec.+1-10-21—M&T—1500 Bks.

E 05887

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05887

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 Holmes Ave ST., 13-5 WARD)

2-FULL NAME Barbara Beck

(a) RESIDENCE NO. 3414 Holmes Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Beck

6 DATE OF BIRTH (month, day, and year): Aug. 29 1852

7 AGE — Years: 73 Months: 4 Days: 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mr. Eugene B. McCurdy

(Address) 3414 Holmes ave

15 Filed 1926 E. Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18 1926

17

I HEREBY CERTIFY, That I attended deceased from June 16, 1925, to Jan 17, 1926.

that I last saw her alive on Jan 17, 1926

and that death occurred, on the date stated above, at 12.15 a m.

The CAUSE OF DEATH* was as follows:

Chronic valvular Heart disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ernest L. Rahe, M. D.

1/18. 1926 (Address) 3305 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL: Jan 20 1926

20 UNDERTAKER: Wm Fischer Sons — ADDRESS: North & Pa

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05888 E 05888

CERTIFICATE OF DEATH.

16-002

REGISTERED NO. 16-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen'l Hospl WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Harris.

(a) RESIDENCE NO. 600 N Edmond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced.~~ (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 17-26.

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) So. Balto Hospt. Balto Md

PARENTS

10 NAME OF FATHER See Harris.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant So Baltimore Hospitals (Address)

15 Filed ....., 19 Robert P. Harrison, Registrar

JAN 1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 19 26.

17

I HEREBY CERTIFY, That I attended deceased from Jan 17, 19 26, to Jan 18, 19 26, that I last saw h.... alive on Jan 18, 19 26; and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Post Partum Conclusion.
Hemorrhage —

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Prolonged labor — (normal Delivery)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? non -

Did an operation precede death? None of -

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James A Nelson, M. D.

, 19 (Address) 1213 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL Jan 19-1926

20 UNDERTAKER A Bowles & Son — ADDRESS 1710 Fleet St

Spec.—1-10-21 M&T 1500 Bks.

E 05889

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05889

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 541 E. Fort Ave ST. 24th WARD)

2-FULL NAME John J. Snyder.

(a) RESIDENCE No. 541 E. Fort Ave ST., 24th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — — 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cutter. 086

(b) General nature of industry, business, or establishment in which employed (or employer) Lit. Mfg. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Anthony.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Jaeger.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Anthony J. Snyder

15 Filed 8 1926, 19 Robert F. Harrison, Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1925, to January 16, 1926.

that I last saw her alive on January 14, 1926.

and that death occurred, on the date stated above, at 5.00 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chr. Valvula Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John A. Schwank M. D.

19 (Address) 1337 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1/19 1926

20 UNDERTAKER F. D. Talley Sons

ADDRESS 318 Eutaw St

E 05890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05890

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Vol of Am. Hospital St. 4-2/6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Isaac J. Mayfield

(Residence in Baltimore: No. 119 No. Eutaw St. St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day) about 1870 (Year)

7-AGE, About 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Dentist
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country) Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address).....

15-

Filed JAN 18 1926 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 16 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

H. Gas. Poisoning

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) J. Ralph Mace M. D.

Jan 17 '26 (Address) 1436 Bway (Coroner)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Texas

19-PLACE OF BURIAL OR REMOVAL, Cremation Loudon Park Cemetery DATE OF BURIAL, Jan 19 1926

20-UNDERTAKER. Harry H. Woltz & Co ADDRESS 1534 W. Lombard St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05891

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05891

CERTIFICATE OF DEATH.

19-2129

1-PLACE OF DEATH Franklin Square Hospital

City of BALTIMORE: (No. Fayette & Calhoun Sts., St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis F. Lentgraf.

(a) Residence No. 1811 W Pratt St., St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (nee Kuhl)

6-DATE OF BIRTH (month, day and year) Jan 4, 1848

7-AGE, 77 yrs. mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Candy Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Bernard Lentgraf

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Hagart

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. Mary Lentgraf

(Address) 1811 W Pratt St.,

15- Robert F. Harrison

Filed 19?

Registrar.

1926 Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 18-26.

17- I HEREBY CERTIFY, That I attended deceased from 1/10, 19 26 to 1/18, 19 26, that I last saw h. alive on 1/18, 19 26, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Lab.

(Signed) Wm Engle M. D.

, 19 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral DATE OF BURIAL, Jan 21, 19 26

20-UNDERTAKER, Harry A. Wirtz ADDRESS 1531 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

E 05892 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05892

CERTIFICATE OF DEATH.

90 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 13 E. Eager ST. 113 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Saviella Jane Bussey

(a) RESIDENCE NO. 13 E. Eager ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 9 - 1835

7 AGE Years 90 Months 1 Days 8 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... 66

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Bennett F. Bussey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura A. Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Miss Helen Hayward (Address) 13 E Eager St

15 Filed 8 1926 . 19 Robert P. Barrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1926

17 I HEREBY CERTIFY, That I attended deceased from ... , 1920 , to Jan 17 , 1926 , that I last saw her alive on Jan 17 , 1926 , and that death occurred, on the date stated above, at 1.10 a. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) indefinite yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) over

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) E H Hayward M. D.

. 19 (Address) 225 W Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery DATE OF BURIAL 1/18 1926

20 UNDERTAKER Chas F. Evans Son ADDRESS 118 N. Mt Royal

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 05893 — 003 — B 05893

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mun Hospital 4-1 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Dan Douglass

(Residence in Baltimore: No. 6 Ford Hartford Ave St., yrs. ..... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colord

5-Single, Married, Widowed, or Divorced (write word.) Single

6-DATE OF BIRTH. ..... (Month) 1886 (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... O H O

9-BIRTHPLACE, (State or Country), Howard Co Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country) Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Giles

(Address) West Arlington Ave

15-

Filed JAN 19 1926 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 16 (Month) (Day) 26 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac

Mitral Fraction Returning

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

Jan 18 1926 (Address) 43 N Bond

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Mt Auburn Cem Jan 19 1926

20-UNDERTAKER. ADDRESS

Mum Easton Eagle

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05894

CERTIFICATE OF DEATH.

46

E 05894

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2205 Guilford Ave (St.) 27-4 (WARD)

2-FULL NAME Catherine E Ealord

(a) RESIDENCE No. 2705 Guilford Ave St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Apr. 24 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co. Md

PARENTS

10 NAME OF FATHER John Hofmeister

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Zindel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Lizzie Ealord 2205 Guilford Ave

15 Filed JAN 19 1926, 19 ROBERT R. KRAUTH, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1925 to Jan. 16, 1926,

that I last saw her alive on Jan. 15, 1926,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Uterine Hemorrhage

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus & Rectum (duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) J. H. Marshall, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL Jan 19 1926

20 UNDERTAKER A. S. Marshall — ADDRESS 3539 Falls Road.

S—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 05895

CERTIFICATE OF DEATH.

37-001 05895

REGISTERED NO.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Grisby

(a) RESIDENCE NO. North Rd Elsie ave Spessourst

(Usual place of abode) ST., WARD

Length of residence in city or town where death occurred # yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 6 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	15	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Jas. Grisby

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Price

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 19 1926 ROBERT R. KRAUTER, Registrar
Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926.

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1926, to Jan. 16th 1926.

that I last saw her alive on Jan. 16th 1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

a Enterocolitis b Miliary Tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hosp

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander J. McCaffer, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	1/19/26 19
20 UNDERTAKER	ADDRESS
Mrs. R.A. Elliott	1725 Aisquith

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05896

159-002

CERTIFICATE OF DEATH.

E 05896

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 W. Randall St. ST. 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Edward Bennett.

(a) RESIDENCE NO. 135 W. Randall St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 17, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	---	2	.--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Lawrence E. Bennett.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Agnes Holtman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md.

14 Informant Agnes Bennett. (mother)
(Address) 135 W. Randall St.

15 Filed . 192 ROBERT R. KRAUTER, Registrar

JAN 19 1926 Registrar Public Health Dept.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 17, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
congenital.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Jany. 18, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Jan 19 1926

20 UNDERTAKER Margaret A. Flynn

ADDRESS 1422 Light

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05897

CERTIFICATE OF DEATH.

10-001 E 05897

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 E. Pratt St. A-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara E. Quandt

(a) RESIDENCE NO. 1900 E. Pratt ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph O. Quandt

6 DATE OF BIRTH (month, day, and year) Aug 25 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	48	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER Bingell

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Moeller

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

14 Informant Mrs. Bingel (mother)
(Address) 213 James St.

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 11, 1926, to Jan 18, 1926

that I last saw h alive on Jan 18, 1926

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. K. Campbell M. D.

Jan 18, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Jan 20 1926

20 UNDERTAKER Margaret J. Flynn

ADDRESS 1422 Light

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05898 100-001 E 05898

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 W Fayette ST., 19-2 WARD)

2-FULL NAME Rose Ray

(a) RESIDENCE NO. 1603 W Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 11 1866

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or estal lishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Cunningham

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ireland

14 Informant Miss Mary McLaughlin
(Address) 1603 W Fayette

15 Filed ..... 19..... Registrar

JAN 19 1926 ROBERT R. KRAUTER REGISTRAR OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 14, 1926. to Jany 18, 1926.
that I last saw her alive on Jany 17, 1926;
and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) 1 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. A. O'Neill M. D.

1926 (Address) 108 N Dulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ft Lincoln Cem	1/20 1926
UNDERTAKER Joseph Fahey Sulliv	ADDRESS Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 05899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-91-00

E 05899

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1956 W Fayette ST., 20-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME E. Gaither - Henderson

(a) RESIDENCE NO. 1956 W Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Allie Henderson

6 DATE OF BIRTH (month, day, and year) Dec 12 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R. 13 01

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER James T Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Laird Warfield 1818

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Allie Henderson (Address) 1956 W Fayette st

15 Filed ..... 19 ..... Registrar

JAN 19 1926

ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 19 26, to Jan 16 1926, that I last saw him alive on Jan 15 19, and that death occurred, on the date stated above, at 9.15 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. L. Denny, M. D.

(Address) 715 N. Mt Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 19 1926

20 UNDERTAKER John T Denny ADDRESS 715 Eutaw St

THIS IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05900

CERTIFICATE OF DEATH.

49 E 05900

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Maryland St. 25-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Cuby

(a) RESIDENCE NO. 7 South 4th Street ST., Brooklyn WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 27 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65 yrs	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria Hungary.

PARENTS

10 NAME OF FATHER Joseph Cuby.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria Hungary.

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria Hungary

14 Informant Hospital Records (Address) Balto City Hospitals

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1925, to Jan 17, 1926,

that I last saw him alive on Jan 17, 1926,

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Penis C Metastasis

(duration) 2 yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) H. A. Champe, M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Jan 20 1926

20 UNDERTAKER John T Denny — ADDRESS 715 Lisbon St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05901

CERTIFICATE OF DEATH.

109-002

REGISTERED NO. E 05901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3104 Fait Ave. (St.) 1-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Thomas Francis

(a) RESIDENCE No. 3104 Fait Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 25-1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Asst. Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Gas + Elec. Power Co.

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER Dixon Francis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Julia Dranbarn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co, Md.

14 Informant Julia Francis

(Address) 3104 Fait ave

15 Filed JAN 9 1926, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1926, to Jan 17, 1926, that I last saw h alive on Jan 17, 1926, and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute Tonsilitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. A. Leufschneider, M. D.

1/18, 1926 (Address) 3429 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL Jan 20 1926

20 UNDERTAKER Zirkin + Zirkin — ADDRESS 1739 E. Eas

Spec.—1-10-21—M&T—1500 Bks.

05902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 S. Bouldin ST., 76-6 WARD)

REGISTERED NO. 179 E 05902

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Weis

(a) RESIDENCE NO. 1009 S. Bouldin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? 78 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Weis

6 DATE OF BIRTH (month, day, and year) Sept. 27-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Elizabeth Weis

(Address) 1009 S. Bouldin St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 28, 1925, to Jan 17, 1926, that I last saw him alive on Jan 17, 1926, and that death occurred, on the date stated above, at 6 10 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and Chronic Nephritis.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. A. Reifschneider, M. D.

1/18. 1926 (Address) 2904 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Jan 21 19 26

20 UNDERTAKER Zinkler + Zinkler

ADDRESS 1734 E. Eager

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05903 — 100 — E 05903

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 1-1

City of BALTIMORE: (No. 408 S Collington ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Daniel Sufaffko

(a) Residence No. 408 S Collington ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 7 1925

7-AGE. ....yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Sufaffko

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland.

12-MAIDEN NAME OF MOTHER, Elizabeth Kistowicz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland.

14- (Informant) John Sufaffko (Address) 408 S. Collington ave.

15- Filed ....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 18 26

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 26 to Jan 18 26

that I last saw h— alive on Jan 18 26

and that death occurred, on the date stated above, at 1.55 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rypanek M. D.

City (Address) 801 E Lexington St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary — DATE OF BURIAL. Jan 20..., 1926

20-UNDERTAKER. George A Weber — ADDRESS 2205 Bank St

JAN 19 1926 — C. R. KRAUTER, REGISTRAR

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05904 05904

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Street WARD) 16-1

REGISTERED NO. 73

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ida McClure

(a) RESIDENCE No. Church Home & Infirmary WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jonas A. McClure

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years About 73 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Williamson Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant George T. Mister

(Address) 209 Eutaw Bridge

15 Filed . . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18- 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1- , 1925 , to January 18- , 1926 , that I last saw her alive on January 18- , 1926 and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Progressive Bulbar Paralysis

(duration) yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (terminal) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At former home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + autopsy

(Signed) Hubert L. Porterfield, M. D.

Jan 18 1926 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Jan 19 1926

20 UNDERTAKER Wm E. Cook

ADDRESS 502 E. Monument

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 05905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146 E 05905

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital. ST.) 76-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Susie McClelland

(a) RESIDENCE No. 3309 Myrtle Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: James F. McClelland

6 DATE OF BIRTH (month, day, and year): June 13 1902

7 AGE — Years: 23 | Months: 7 | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joseph Garner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: W. E. Sisson

(Address): Johns Hopkins Hospital.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5 1926 to Jan. 18 1926

that I last saw her alive on Jan. 18 1926

and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of —

Was there an autopsy? yes.

What test confirmed diagnosis? Bacteriological

(Signed) W. E. Sisson M. D.

1/19/26 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dowie Md

DATE OF BURIAL: Jan 19 1926

20 UNDERTAKER: Wilson Cook

ADDRESS: 522 E Northwood

JAN 19 1926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05906

CERTIFICATE OF DEATH.

90

E 05906

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No 2003 Eutaw Place 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Reizenstein

(Residence in Baltimore: No 2003 Eutaw Place St.; yrs. 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Dec. (Month) 6 (Day) 1868 (Year)

7-AGE: 57 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer): Banking

9-BIRTHPLACE, (State or Country): Phila. Pa.

PARENTS.

10-NAME OF FATHER: Herman Reizenstein

11-BIRTHPLACE OF FATHER, (State or Couutry): Germany

12-MAIDEN NAME OF MOTHER: Louise Wörnitz

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Walter Reizenstein

(Address) 2003 Eutaw Place

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany. (Month) 17 (Day) 1926. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy, M. D. (Coroner.)

Jan. 18 1926. (Address) 2802 Eutaw pl.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Receut Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Har Sinai Cem. DATE OF BURIAL, Jany. 19 1926.

20-UNDERTAKER, Harry Sondheim ADDRESS, 1820-2030 Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 05907

CERTIFICATE OF DEATH.

90 B 05907

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1842 Eagle ST. 14-K WARD)

2-FULL NAME Sarah Ellen Ellis

(a) RESIDENCE NO. 1842 Eagle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced (or) WIFE of Marshall Ellis

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) P. I.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. L. Scott

(Address) 936 Whitelock

15 Filed ..... 19 .....

JAN 19 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1925, to Jan 17, 1926.

that I last saw her alive on Jan 15, 1926.

and that death occurred, on the date stated above, at 12.45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E William Frey, M. D.

1/17, 1926 (Address) 1928 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cort R. C.	Jan 19 1926
20 UNDERTAKER	ADDRESS
Saml W. Cluse & Son	1405 Madison

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 ✓ E 05908

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3900 Park Heights Ave. ST. 15-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nora Gary

(a) RESIDENCE. No. 3900 Park Heights ave ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 26th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs E Gary
(Address) 3900 Park Heights Ave

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1925, to Jan. 18 1926, that I last saw her alive on Jan. 17 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial insufficiency (Myocarditis)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis - Nephritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James S Adelmund, M. D.

1-[illegible]-1926 (Address) 4012 Park Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	1/20/26 19
UNDERTAKER A. R. Norman	ADDRESS 3000 E Baltimore

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05909 E 05909

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST., 9-7 WARD)

REGISTERED NO. 009

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence J. Hellman

(a) RESIDENCE NO. Arizona Ave. Carney Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Aug 17/1920

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Karl G. Hellman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Anna M. Mohr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Anna M. Hellman
(Address) Arizona Ave. Harford Rd. Carney

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18/192 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia- Meningitis

(Injury to left knee 7 days before while sledding. Accidental)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) J. S. H. Watts, M. D. (Coroner.)

1/18/26, 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 20 1926
20 UNDERTAKER	ADDRESS
Henry Hoerth Son	1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05910

CERTIFICATE OF DEATH.

127 05910

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N Gilmor ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME W= Lee Rigby

(a) RESIDENCE NO. 14 N Gilmor St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Sallie Rigby

6 DATE OF BIRTH (month, day, and year) Aug 22 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Philip Rigby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Daisy Kessler (Address) 14 N Gilmor

15 Filed JAN 19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1925, to Jan 18th, 1926

that I last saw him alive on Jan 17th, 1926.

and that death occurred, on the date stated above, at 4.28 a.m.

The CAUSE OF DEATH* was as follows:

Leprosis Interstitial Nephritis

Arteriosclerosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo J Williams M. D.

, 19 (Address) 1000 Bayard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 20 1926

20 UNDERTAKER: George J Smith — ADDRESS: 532 Hollins

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05911

90 E 05911

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 Jackson Place ST. 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Selda Houseman

(a) RESIDENCE NO. 122 Jackson Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harris Houseman

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 60; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Harry Lowenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Edith-----

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Hospital Records

15 Filed JAN 19 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-18-26 19

17 I HEREBY CERTIFY, That I attended deceased from 1/10 19 26 to 1/18 19 26, that I last saw h alive on 1/18 19 26, and that death occurred, on the date stated above, at 3 P.M. m.

The CAUSE OF DEATH* was as follows:

Chr endocarditis

(duration) [illegible] ds.

CONTRIBUTORY (Secondary): Angina Pectoris

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible] M. D.

1/18 19 26 (Address) 122 N. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hebrew Rest

DATE OF BURIAL: 1/19 19 26

20 UNDERTAKER: Jacob Levin

ADDRESS: 1409 Eutaw St

FROM A very important: See instructions on back of certificate

Spec.—1-12-23—M&T—500 Blks.

E 05912 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05912

CERTIFICATE OF DEATH. 25-2-49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Weiner

(a) RESIDENCE NO. Beachville, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1920.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Max Weiner

11 BIRTHPLACE OF FATHER (city or town) unknown

(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Max Weiner

(Address) Beachville Md

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1925, to Jan. 19th, 1926, that I last saw h[illegible] alive on Jan. 19, 1926, and that death occurred, on the date stated above, at 3.30 a m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Kidney

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cardiac failure & pulmonary oedema (duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of Jan 5, 1926

Was there an autopsy? -No-

What test confirmed diagnosis? Path. Sections.

(Signed) [signature], M. D.

, 19 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kehreen Rosedale — DATE OF BURIAL 1/19 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1434 E Balt St

Spec.—1-10-21—M&T—1500 Bks.

E 05913

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 05913

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 678 W. Fayette ST., 41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Amanda Graham.

(a) RESIDENCE No. 678 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Andrew Graham.

6 DATE OF BIRTH (month, day, and year) March 24-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	66	—9	29-8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pa.

PARENTS

10 NAME OF FATHER Wm Mattinson

11 BIRTHPLACE OF FATHER (city or town) Philadelphia
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Margaret Easby.

13 BIRTHPLACE OF MOTHER (city or town) Philadelphia
(State or country) Pa.

14 Informant Margaret Foltz
(Address) 656 W. Fayette St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19- 1926

17 I HEREBY CERTIFY, That I attended deceased from January 11- 1926 to January 19- 1926, that I last saw her alive on January 18 1926, and that death occurred, on the date stated above, at 12:30 A. m.

The CAUSE OF DEATH* was as follows:

Influenza.

(duration) — yrs. — mos. 22 ds.

CONTRIBUTORY (Secondary) Dilatation of heart.

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical Signs

(Signed) Chester Riland, M. D.

1-19. 1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Camden New Jersey — DATE OF BURIAL Jan 20 1926

20 UNDERTAKER H. C. Branning — ADDRESS 517 N Schroeder

TION is very important. See instructions on back of certificate.

JAN 9 1926

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05914

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 05914

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Patapsco St. 23-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Anna Ridge

(a) RESIDENCE. NO. 1103 Patapsco ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) May 27-1922

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	7	19.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Denis Ridge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Agnes Schlentzky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Agnes Ridge (Address) 1103 Patapsco St

15 Filed ....., 19.... Registrar

JAN 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 14 1926. to Jan 16 (17) 1926.

that I last saw h[illegible] alive on Jan 16 1926.

and that death occurred, on the date stated above, at 12-45A. m.

The CAUSE OF DEATH* was as follows:

Lobar Bronchopneumonia

(duration) 2 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) — La Grippe

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/19, 1926 Address 1279 Williams St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Jan 20 1926

20 UNDERTAKER A. E. Wanseck & Son ADDRESS 703 Hanover St.

FROM A FEW IMPORTANT AND INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05915

CERTIFICATE OF DEATH.

38

E 05915

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

CITY OF BALTIMORE: (No. H-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Thomas

(a) RESIDENCE NO. 610 Cidar Alley ST., WARD vi
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	negro	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Thomas

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) unknown (State or country)

PARENTS

10 NAME OF FATHER unknow n

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Baltimore City Hospitals (Address)

15 Filed ..... 19 ..... Registrar

JAN 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1925 to Jan 17, 1926, that I last saw him alive on Jan 17, 1926, and that death occurred, on the date stated above, at 10:00 p.m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Lues.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Sero. Find

(Signed) Harry Goldsmith M.D.

1/18/1926 (Address) Bloomingdale Carroll Co. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery — DATE OF BURIAL Jan 20 1926

20 UNDERTAKER Edward Bryan — ADDRESS 631 orleans st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05916 — CERTIFICATE OF DEATH. — 31 E 05916

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 13-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Howard T. Webb

(a) RESIDENCE NO. 3961 Roland Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 24 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER George Webb

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Carl

13 BIRTHPLACE OF MOTHER (city or town) Mass
(State or country)

14 Informant George Webb
(Address) 3961 Roland Ave

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1926, to Jan 18, 1926,
that I last saw him alive on Jan 18, 1926,
and that death occurred, on the date stated above, at 8 05 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia (possibly Tbc)

(duration) ? yrs. mos 15 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Clewell Howell, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	Jan 20 1926
20 UNDERTAKER Chenowith & Son	ADDRESS 3617 Chestnut Ave

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 05917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-061 05917

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Found dead in garage rear of 1817 N Washington St ST., 8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Huegelmyer

(a) RESIDENCE NO. 2010 Federal St ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie B. Huggelmyer

6 DATE OF BIRTH (month, day, and year) June 17-1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	6	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Brush Shop
(c) Name of employer W.A.Tottle & Co

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Huegelmyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillian Gunenell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Annie B. Huegelmyer
(Address) 2010 Federal St

15 Filed ..... 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage-subdural
Autopsy by Dr. Maldeis
Possible Homicide (over)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. N. Collier, M. D.
(Coroner)
1/17/28 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olive Balto Co — DATE OF BURIAL: Jan 20 192 4

20 UNDERTAKER: Chenoweth Son — ADDRESS: 3617 Chestnut Ave

Spec. 6-9-19 H. P. Co.—1000 Bks.

E 05918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 05918

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 N. Bruce ST.: 14-1 WARD)

2-FULL NAME Charles Hamilton

(a) RESIDENCE. No. 240 N. Bruce ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elenora Hamilton

6 DATE OF BIRTH (month, day, and year) June 22 1866.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Steredore

(c) Name of employer Steredore

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Elnora Hamilton

(Address) 240 N. Bruce St.

15 Filed JAN 19 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16/26

17

I HEREBY CERTIFY, That I attended deceased from 12/28/25 in . 19 25 . to 1/16/26 . 19 26 .

that I last saw him alive on 1/15/26 . 19 26 .

and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Uremia (Coma)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Subacute Parenchymatous Nephritis (Medic)

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Microscopical & Clinical

(Signed) J. Guy Bowley M. D.

1/17/26 (Address) 928 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Jan. 20, 1926

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05919 E 05919

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH Baltimore REGISTERED NO. .....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. Phipps Clinic WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rosa Rothstein

(a) RESIDENCE NO. 1848 West Pratt St. Balto ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 years yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Rothstein

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Mendel Achler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fogil —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E. Baltimore St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 26th 1925 to Jan 18th 1926.

that I last saw her alive on Jan 19th 1926.

and that death occurred, on the date stated above, at 5. a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis. Diabetes. Chronic nephritis. Bronchopneumonia

since Dec. 1925

(duration) 1 yrs. mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at to Baltimore

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? usual laboratory tests

(Signed) F. L. Wortheimer, M. D.

Jan 19. 1926 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mah Pool

DATE OF BURIAL 1/19 1926

20 UNDERTAKER Jack Lewis 1439 E. Baltimore St.

ADDRESS 1/19/26

TION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 05920

CERTIFICATE OF DEATH

B 05920

1-PLACE OF DEATH South Baltimore Gen. Hospital

CITY OF BALTIMORE: (No. 12 11 Light ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Othello S Shroedel (Schroedl)

(a) RESIDENCE NO. 16 S. Patterson Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma M. Schroedl

6 DATE OF BIRTH (month, day, and year) Aug 24/61

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	64	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cleaner & Dyer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Stephen Schroedl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma M. Schroedl

(Address) 16 S. Pat. Park Ave

15 Filed ....., 19 ..... Registrar

JAN 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 16, 1926, to Jan 17, 1926,

that I last saw him alive on Jan 17, 1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 10 yrs. mos ds.

CONTRIBUTORY, (Secondary) Chronic Interst Nephritis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 16/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas W. Nelson M. D.

, 19 (Address) S Baltimore Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London PK

DATE OF BURIAL 1/19 1926

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 05921 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05921

CERTIFICATE OF DEATH

76-8 4-4

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 S. Clinton ST. 76 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry L. Schmitker

(a) RESIDENCE NO. 1220 S. Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Carrie M. Schmitker

6 DATE OF BIRTH (month, day, and year): June 17/66

7 AGE — Years: 59 Months: 7 Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Employment Ag

(b) General nature of industry, business, or establishment in which employed (or employer): Boss

(c) Name of employer: Continental Can Co

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Henry L. Schmitker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Del.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Del

14 Informant: Carrie M. Schmitker

(Address): 1220 S. Clinton St.

15 Filed ..... 19 ..... Registrar

JAN 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/17 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1 25 to Jan 16 26.

that I last saw h[illegible] alive on Jan 16 25

and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

3 mo (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) from Mar 1-25

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Mar 1 25

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic

(Signed) [illegible], M. D.

, 19 (Address) 3215 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emanuel Cem

DATE OF BURIAL: 1/20 1926

20 UNDERTAKER: Philip Herwig

ADDRESS 2316 Orleans

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05922 CERTIFICATE OF DEATH. + 129 E 05922

REGISTERED NO.

1-PLACE OF DEATH Community Hospital

CITY OF BALTIMORE: (No. Lombard & Grun ST. 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Dorsey -

(a) RESIDENCE NO. Elliott City ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Dorsey

6 DATE OF BIRTH (month, day, and year): Unknown 1878

7 AGE: Years 48 Months # Days # If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer): Duties

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Louisa Gaither

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Henry Dorsey

(Address) Ellicott City Md

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1926, to Jan 18th, 1926.

that I last saw her alive on Jan 18th, 1926

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis - Generalized Arteriosclerosis - Chr. Myocarditis -

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) M. P. Boyle, M. D.

, 19 (Address) Community Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Liberty Md

DATE OF BURIAL: Jan 21 1926

20 UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05923 162 E 05923

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2631 N. Calvert St. (Ward) 163

2-FULL NAME Robert C Black Jr.

(a) RESIDENCE. NO. 2722 Edmondson St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 15 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Craig Black

11 BIRTHPLACE OF FATHER (city or town) Phila.
(State or country) Pa

12 MAIDEN NAME OF MOTHER Ella V. Glass

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Dr. Freeman
(Address) 2631 N Calvert St

15 Filed JAN 19 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 18, 1926, that I last saw h[illegible] alive on Jan 18, 1926 and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Necrotizing

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Dr. Freeman, M. D.

19 (Address) 2631 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 19 1926

20 UNDERTAKER John B. Spence ADDRESS 1325 N. Caroline St

FROM IS VERY important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05924 — 40 E 05924

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Callow ave ST. 13-6 WARD)

2-FULL NAME Margaret Brown Schenck

(a) RESIDENCE NO. 2311 Callow ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A. D. Schenck

6 DATE OF BIRTH (month, day, and year) July 31. 1847

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	5	17 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frances Turner

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Maryland

14 Informant Mrs Lipton Binnet
(Address) Fort Ethan Allen Vermont

15 Filed ..... , 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from July , 1925 , to Jan. 18 , 1926 , that I last saw h-- alive on Jan 18 , 1926 , and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic tejonsnditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical signs and symptoms

(Signed) A. F. Shemwell M. D.

Jan 18 1926 (Address) 2226 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D C — DATE OF BURIAL Jan 20 1926

20 UNDERTAKER John B. Spence — ADDRESS 1325 N Caroline St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-601

E 05925

05925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital #1.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5-V S. WARD)

2-FULL NAME John Dumbalk

(a) RESIDENCE No. 404-N. Eden St. Balto. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? 3 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 13, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer S/S Hanley. British W. Indies

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Joseph Dumbalk

11 BIRTHPLACE OF FATHER (city or town) (State or country) B. W. Indies

12 MAIDEN NAME OF MOTHER H. Toppin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) B. W. Indies

14 Informant Self.

(Address)

15 Filed JAN 1 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1926, to January 18 1926, that I last saw him alive on January 18, 1926, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Shore leave

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Physical findings and laboratory tests.

(Signed) J. C. Abrams, M. D.

1/18, 1926 (Address) U S M H No 1 Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 1/19 19 26

20 UNDERTAKER Jos Linnen & Bro

ADDRESS 152 E Balto St

JAN 1 1926 ROBERT R. KRAUTER

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05926

CERTIFICATE OF DEATH.

90

E 05926

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 S. Hilton ST. 20-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George N. Marlow

(a) RESIDENCE NO. 2. S. Hilton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Marlow

6 DATE OF BIRTH (month, day, and year) Feb 26 - 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ..min.
	59	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Lineman

(b) General nature of industry, business, or establishment in which employed (or employer) C & B. Tel Co,

(c) Name of employer

9 BIRTHPLACE (city or town) Montgomery Co. (State or country) Md

PARENTS

10 NAME OF FATHER Benjamin T. Marlow

11 BIRTHPLACE OF FATHER (city or town) — (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hester C.

13 BIRTHPLACE OF MOTHER (city or town) — (State or country) Maryland

14 Informant John L. Davidson

(Address) 2 S. Hilton St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18 - 1926

17

I HEREBY CERTIFY, That I attended deceased from December 1, 1925, to January 18, 1926, that I last saw him alive on January 13, 1926, and that death occurred, on the date stated above, at 9:10 A. M.

The CAUSE OF DEATH* was as follows:

Ac Obstruction of heart.

(duration) — yrs. 1 mos 18 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Riland M. D.

1-18-1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Joy Hill Cemetery Laurel Md

DATE OF BURIAL Jany 20 1926

20 UNDERTAKER Elwood N. Fisher

ADDRESS Laurel Md

HOWARD A. KRAUSE
Local Permit Clerk.

E 05927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 365 W. Preston St., 11-2 Ward)

Registered No. C. 14-001 E 05927

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tansy Small

(Residence in Baltimore: No. 365 W. Preston St.; 23 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	C.	Married

6-DATE OF BIRTH. Jan. (Month) 6 (Day) 1875 (Year)

7-AGE. 51 yrs. 10 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon
(h) General nature of industry, business, or establishment in which employed (or employer): Prop

9-BIRTHPLACE. (State or Country). Tenn S. C.

PARENTS.

10-NAME OF FATHER. Tansy Smallwood

11-BIRTHPLACE OF FATHER. (State or Country). Tenn S. C.

12-MAIDEN NAME OF MOTHER. Sinclair

13-BIRTHPLACE OF MOTHER. (State or Country). Sinclair

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mildred Small

(Address) 365 W. Preston St.

15-

Filed ..... 192.....

JAN 19 1926 ROBERT R. KRAUTER, Registrar. Vital Records Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. (Month) 16 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) no other Cause

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. T. Hennessy, M. D. (Coroner.)

Jan. 17, 1926 (Address) 2802 E. Monument St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Auburn	1/19/26 19

20-UNDERTAKER.	ADDRESS
Mrs A G Elliott	1725 Eastlander

IF VERY IMPORTANT: See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05928

CERTIFICATE OF DEATH.

101-001

05928

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Warner ST. 721 WARD)

2-FULL NAME Jacob Jordon

(a) RESIDENCE. NO. 616 Warner ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of widow

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steamerdon

(b) General nature of industry, business, or establishment in which employed (or employer) 074

(c) Name of employer dont no

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER dont no

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER dont no

13 BIRTHPLACE OF MOTHER (city or town) dont no (State or country)

14 Informant Mary Jordon wife
(Address) 616 Warner St.

15 Filed ....., 19 ..... Registrar

JAN 19 1926 ROBERT R. KRAMER REGISTRAR VITAL STATISTICS BUREAU

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 17, 1926
that I last saw him alive on Jan 17, 1926
and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) ..... yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) A Hemic

(duration) ..... yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Symptoms

(Signed) Charles H. Ford, M. D.

Jan 18 1926 (Address) 7125 Princeton Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn Cemetery	Jan 20th 1926
20 UNDERTAKER	ADDRESS
Ernest Pue	166 Henrietta

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05929

CERTIFICATE OF DEATH.

11-001 E 05929

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 N. Lakewood Ave ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ina Belle Nelson

(a) RESIDENCE NO. 532 N. Lakewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Nelson

6 DATE OF BIRTH (month, day, and year) Nov. 21, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Capt John D. Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucy Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Alexander Nelson

(Address) 532 N. Lakewood Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1926 to Jan 17, 1926

that I last saw h alive on Jan 16, 1926

and that death occurred, on the date stated above, at 7:15 A.M.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) F. Fred Adams M. D.

1926 Address 700 N. Bath St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan 20 1926

20 UNDERTAKER Henry Sander Sons Inc

ADDRESS 1710 Fleet St

TION is very important. See instructions on back of certificates.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05930 E 05930

CERTIFICATE OF DEATH.

1-4 179

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S. East Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. Weltz

(a) RESIDENCE NO. 24 S. East Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Weltz

6 DATE OF BIRTH (month, day, and year) Feb. 5. 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Reis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Julia Weltz

(Address) 24 S. East Ave

15 Filed 1-19 1926 Robert P. Garriser

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 7. 1926. to Jany 18. 1926.

that I last saw her alive on Jany 18. 1926.

and that death occurred, on the date stated above, at 2 20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

Chronic Bronchitis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Microscopic

(Signed) Dr. [illegible], M. D.

1/19. 1926 (Address) 330 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Jan 21 1926

20 UNDERTAKER Henry Sander Soudne — ADDRESS 1710 Hillen St

TION is very important. See instructions on back of certificates.

Spec. 4-10-21—M&T—1500 Bks.

(Irwin)

05931 HEALTH DEPARTMENT—CITY OF BALTIMORE 05931

CERTIFICATE OF DEATH.

1882 3 4 37

REGISTERED NO.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. 1-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Irwin -

(a) RESIDENCE NO. Fallston Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 3 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md -
(State or country)

PARENTS

10 NAME OF FATHER Robert Irwin

11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)

12 MAIDEN NAME OF MOTHER Delia Combs

13 BIRTHPLACE OF MOTHER (city or town) N. C -
(State or country)

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 17th 1926, to Jan. 18th 1926, that I last saw h[illegible] alive on Jan. 18th 1926, and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

Acute generalized Tuberculosis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) A. Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fallston Md

DATE OF BURIAL 1/19/26

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 B'way

1926 Burial Permit Clerk

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05932

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05932

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Orleans ST. 9-6 WARD)

REGISTERED NO. 10-60

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Drury

(a) RESIDENCE No. 2221 Aiken ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Annie V. Drury

6 DATE OF BIRTH (month, day, and year): ~~Jan 17, 1926~~ Aug 10 - 1859

7 AGE — Years: 66 — Months: 5 — Days: 7 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 609

(b) General nature of industry, business, or establishment in which employed (or employer): United Railway Co

(c) Name of employer: United Railway Co

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Henry Drury

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Jones Md.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Annie V. Drury

(Address) 2221 Aiken St

15 Filed ..... 19 ..... Registrar

Robert P. Harrison,

1 9 1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1926, to Jan 17, 1926, that I last saw him alive on Jan 17, 1926, and that death occurred, on the date stated above, at 6:40 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab findings

(Signed) Clinent Bourne, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem.

DATE OF BURIAL: Jan 20 1926

20 UNDERTAKER: William H. Valentine

ADDRESS: 2226 Aiken St.

CAUSE OF DEATH in plain terms, so that it may be properly CODED. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 05933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 05933

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Glenmore & Bertram ave. Hamilton St., 27-11 Ward)

2-FULL NAME. Pricilla Smith Eclaridge

(a) Residence No. Glenmore & Bertram Ave Hamilton St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female ~~White~~ | 4-COLOR OR RACE, White | 5-Single, Married, ~~Widowed~~, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 30-1846

7-AGE, 79 yrs. 2 mos. 18 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Balto. Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, John Eclaridge

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, Ann Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Md

14- (Informant) Clearance Markland

(Address) Glenmore & Bertram Hamilton

15- Filed ..... 192 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 18-26

17- I HEREBY CERTIFY, That I attended deceased from Dec 15, 1925 to Jan 17, 1926

that I last saw h.. alive on Jan 17, 1926

and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emma L. K. Baker, M. D.

1/19, 1926 (Address) 3005 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Balto. Cem. | DATE OF BURIAL, Jan. 20, 1926

20-UNDERTAKER, William H. Valentine | ADDRESS 2226 Aiken St.

Instructions on back of certificate.

JAN 19 1926 Robert P. Harrison

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05934

CERTIFICATE OF DEATH.

90 E 05934

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis M. W. Manning

(a) RESIDENCE NO. 645 W. Lafayette ST., ... WARD .....

(Usual place of abode) [redacted]

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE: 62 Years 6 Months Days — If LESS than 1 day, ... hrs or ..... min.

6 yrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

1863

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Andrew J. Manning

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ann L. Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed ..... 19 ..... Registrar

Robert P. Harrison

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1925 to Jan. 15, 1926.

that I last saw h[redacted] alive on Jan. 15, 1926.

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. mos. 1 hr. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller M. D.

1/16. 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart

DATE OF BURIAL: 1/19 1926

20 UNDERTAKER: J. D. Fahey Sons

ADDRESS: 1318 Eight St

CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificates.

TION is very important.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05935

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N. Fayette ST.; WARD)

2-FULL NAME Kathryn Ureell Minor

(a) RESIDENCE. NO. 504 N. Fayette ST., WARD. Richmond Va

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 20-1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER James Coleman Minor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Inez Reams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. J. C. Minor

(Address) 504 N Fayette

15 Filed ....., 19 ..... Registrar

1-9 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1926

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1925, to Jan 19, 1926,

that I last saw her alive on Jan 15, 1926,

and that death occurred, on the date stated above, at about 7 a.m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma (Cervical)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) General metastasis

Anemia (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? at Richmond Va.

Did an operation precede death? yes. Date of May 17-1925

Was there an autopsy? no

What test confirmed diagnosis? Pathological examination

(Signed) Charles Reid Edwards, M. D.

, 19 (Address) 214 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Va.	Jan. 19 1926
20 UNDERTAKER George T. Reeth	ADDRESS Hanford ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05936

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 E 05936

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Clarkson St. 23-E WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Charles Hammer

(a) RESIDENCE NO. 1313 Clarkson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 12 1920

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Cecil Hammer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Clara Heim

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Cecil Hammer (Address) 1313 Clarkson St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1926 to Jan. 19, 1926.

that I last saw him alive on Jan. 19, 1926.

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Laryngeal)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart immediate

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Leibel M. D.

1/19. 1926 (Address) 124-126 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Jan. 20 1926
UNDERTAKER	ADDRESS
Margaret J. Flynn	1422 Light St.

TION is very important. See instructions on back of certificates.

1926 BUREAU OF VITAL STATISTICS

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05937 E 05937

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. In front of 202 E. Montgomery St. WARD) 77-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Hardy. Sr.

(a) RESIDENCE NO. 212 E. Montgomery St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. ---mo.---ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divorced.

5a If ~~MARRIED, WIDOWED or divorced~~ HUSBAND of ~~WIFE of~~ Virginia Hardy.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Hardy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington, D.C.

12 MAIDEN NAME OF MOTHER Eliza Stewart.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant George W. Hardy, Jr. (son)
(Address) 3103 Gwynn Oak Ave.

15 Filed ....., 192 Robert P. Harriger, Registrar

1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Valvular disease of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

Jany, 19, 1926 (Address) 7017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Jan. 20 1926

20 UNDERTAKER Morgan & Flynn ADDRESS Northgate Md.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05938 E 05938

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 730 n. Collington ave ~~St.~~, 11-801 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. George John Edelman

(a) Residence No. 730 n. Collington ave. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Edelman

6-DATE OF BIRTH (month, day and year) March 26 88

7-AGE. 37 yrs. 9 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Auto operator

(b) General nature of industry, business, or establishment in which employed (or employer). El Dallo Cigar Co

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas. Edelman

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Anna Vietsch

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Maryland

14- (Informant) Elizabeth Edelman

(Address) 730 N. Collington Ave

15-

Filed ..... 193.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 18 26

17- I HEREBY CERTIFY, That I attended deceased from 1—11 19 26 to Jan 18 19 26

that I last saw h... alive on Jan 17 19 26

and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

~~La Grippe~~

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) F. Kelly Jungkuntz M. D.

1-18-26 (Address) 706 N. Adel Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oakhawn Cemetery — DATE OF BURIAL. Jan 21 26

20-UNDERTAKER. Mayhew & Jones Inc — ADDRESS 1414 N. Broadway

instructions on back of certificates.

Burial Permit Issued

Cor.—1-12-23—M&T—100 Blks.

E 05939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05939

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Hendoner Road ST. V-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Keene Phillips

(a) RESIDENCE No. 1 Hendoner Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Phillips

6 DATE OF BIRTH (month, day, and year) DE 16 186[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	63	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10 NAME OF FATHER Benjamin Keene

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind

12 MAIDEN NAME OF MOTHER Ellen Blakeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant George T. Phillips Jr.
(Address) 1 Hendoner Road

15 Filed ....., 192 .....
Registrar

Robert P. Harrison,
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 192[illegible]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible], M. D.
(Coroner.)

Jan 19, 192[illegible] (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 20 192 6

20 UNDERTAKER Hughes & Jones Inc 424 N Broadway ADDRESS

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05940

CERTIFICATE OF DEATH.

74-001 E 05940

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 E. Balto St ST. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Thompson

(a) RESIDENCE NO. 2902 E. Balto. St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Jan 17/1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John A. Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.Md

12 MAIDEN NAME OF MOTHER: Martha J. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.Md

14 Informant (Address): Clara J. Roberts (sister) 2008 E. Balto.Md

15 Filed ....., 192 Robert P. Harrison, Registrar

9 1926 Burial Permit (Clerk)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to he r death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Apoplexy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] (Coroner.), M. D.

1/19/26. 192 (Address) 508 E. NorthAve

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Jan 21 192 6

20 UNDERTAKER: Tyhen & Joyce — ADDRESS: 514 N. Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05941 E 05941

CERTIFICATE OF DEATH.

28-259

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5012 Bellville Ave. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine E. Lanpher

(a) RESIDENCE NO. 5012 Bellville Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 27, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	10	20 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Raymond W. Lanpher

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Pauline R. Sauer

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Raymond W. Lanpher
(Address) 5012 Bellville Ave.

15 Filed , 19 Robert F. Harrison,
Registrar

1 8 1926 Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1926

17

I HEREBY CERTIFY, That I attended deceased from June, 1925 to Jan 16, 1926.

that I last saw h alive on Jan 16, 1926.

and that death occurred, on the date stated above, at 12 midnight m.

The CAUSE OF DEATH* was as follows:

Tumor of Pituitary Gland of Brain

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Dec 10th

Was there an autopsy? No

What test confirmed diagnosis? X Ray + Operation

(Signed) A. C. Lanpher, M. D.

1-19 26 (Address) 4509 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn, Md. DATE OF BURIAL Jan 20" 1926

20 UNDERTAKER Joseph L. Cook ADDRESS 1003 N. Calvert St.

CAUSE OF DEATH. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05942

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05942

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 847 W. Lombard St. 18-3 Ward)

REGISTERED NO. 10100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Diven

(a) RESIDENCE NO. 847 W. Lombard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward T. Diven

6 DATE OF BIRTH (month, day, and year) Dec. 12, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore County

(State or country) Maryland

PARENTS

10 NAME OF FATHER William Biden

11 BIRTHPLACE OF FATHER (city or town) Portsmouth

(State or country) England

12 MAIDEN NAME OF MOTHER Ann Elkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mr. James Biden

(Address) 718 N. Carrollton Avenue

15 Filed , 19 Robert F. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1926

17

I HEREBY CERTIFY, That I attended deceased from 5/20/, 1925, to 1/17/, 1926.

that I last saw h[illegible] alive on 1/17/, 1926

and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

Chr. arthritis

Chr. Diff. resp.

Myocarditis

History (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

History (duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Arnold Levin, M. D.

1-19 1926 (Address) 910 W. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Jan 20 1926
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 W. Balto St

CAUSE OF DEATH must be plainly written, so that it may be properly classified. EXACT NATURE OF DISEASE. CONTRIBUTORY CAUSES. COMPLICATIONS. DURATION OF EACH. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05943

CERTIFICATE OF DEATH

E 05943

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 25-9 ST., WARD)

2-FULL NAME Michelina Piotrowski

(a) RESIDENCE NO. 3rd Ave. Rogers Point ST. Md WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1851

7 AGE: 74. Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Do
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do

14 Informant (Address): Baltimore City Hospitals

15 Filed JAN 20 1926, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1925 to Jan 17, 1926 that I last saw h[illegible] alive on Jan. 17, 1926 and that death occurred, on the date stated above, at 6.20 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (terminal)
Cerebral Hemorrhage.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyelonephritis with Cerebral Arteriosclerosis?
(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical findings

(Signed) John J. Dorsett, M.D.
1/18/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A.A. Co — DATE OF BURIAL: Jan 20 1926

20 UNDERTAKER: Johnson & Weber — ADDRESS: 1803 Bank

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 ✓

E 05944

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 E Madison St ST., 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Klecka

(a) RESIDENCE NO. 2225 E Madison St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Klecka

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Klecka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant August Klecka

(Address) 2225 E Madison St

15 Filed JAN 20 1926, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1925, to January 17, 1926, that I last saw him alive on January 17, 1926, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Infectious arthritis, myocardial degeneration, chronic nephritis

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) & Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ~

(Signed) Joseph Pokorny M. D.

, 19 (Address) 2124 Ashland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland

DATE OF BURIAL Jan 20 1926

20 UNDERTAKER Frank Encelton

ADDRESS 1906 Ward St

JAN 20 1926 HOWARD R. KRAUTER REGISTRAR

CAUSE OF DEATH MUST BE PLAINLY WRITTEN, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05945

CERTIFICATE OF DEATH.

179 F 05945

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 N Castle St ST., 7-2 WARD)

2-FULL NAME Vaclav Neuman

(a) RESIDENCE NO. 808 N Castle St ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 40 yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Neuman

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Karel Neuman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Anna Schwartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Mary Neuman
(Address) 808 N Castle St

15 Filed ....., 19 ..... Registrar

ROBERT R. KRAUTER, JAN 20 1926 REGISTRAR BUREAU VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1925 to Jan 19 1926

that I last saw ... alive on Jan 19 1926

and that death occurred, on the date stated above, at 6:45 a m.

The CAUSE OF DEATH* was as follows:

Uraemic Convulsions

(duration) ... yrs. ... mos 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ... yrs. 5 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Walter J. Kyrdick M. D.

(Address) 801 N Kenwood Ave

(Address) 801 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cold Hill

DATE OF BURIAL Jan 22 1926

20 UNDERTAKER Grant Crockden

ADDRESS 1906 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPA-TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05946

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

CERTIFICATE OF DEATH.

E 05946

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Albion Hotel St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Medora M. Dickson

(a) Residence No. Albion Hotel St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Harvey M. Dickson

6-DATE OF BIRTH (month, day and year) Mch 1. 1857

7-AGE. 68 yrs. 10 mos. 17 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. home 037

(b) General nature of industry, business, or establishment in which employed (or employer). duties

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Purday

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ill.

12-MAIDEN NAME OF MOTHER, Terry

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Harvey M. Dickson

(Address) Albion Hotel

15- Filed JAN 20 1926 Registrar. HUBERT R. KRAUTER, Chief Bureau Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jany 18. 26.

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1925 to Dec 29 19 26

that I last saw her alive on Dec 29 19 26

and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of the Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral lesions

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Previous examination

(Signed) Wm H Pearce M. D.

Jan 20 1926 (Address) 2105 Eutaw St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cem DATE OF BURIAL, Jany 20., 1926

20-UNDERTAKER. John C. Whitehill ADDRESS 1208 W. Fayette St.

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05947

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05947

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Francis Academy

CITY OF BALTIMORE: (No. Mt. Hope Sisters Provid ST. 10-1 WARD)

2-FULL NAME Sister M. Benedict

(a) RESIDENCE NO. Forest + Chase ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Unknown 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Adeline Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mt. Hope Sisters Providence Forest + Chase sts

15 Filed JAN 20 1926, 19 ..... ROBERT P. KRANTZ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18. 1926

17 I HEREBY CERTIFY That I attended deceased from Sept, 1925, to Jan. 1926, that I last saw her alive on Jan 17, 1926, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Stethoscope

(Signed) M. F. Vaeglein M. D.

1.19.1926 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	1/20/26
20 UNDERTAKER	ADDRESS
Mrs. R.G. Elliott	1725 Washington.

Cor.—1-12-23—M&T—100 Bks.

E 05948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

25-3 159-002 E 05948

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #17 Russell ST. Mt Winans Balto WARD)

2-FULL NAME Margaret E. Stevenson

(a) RESIDENCE NO. 17 Russell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colrd	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 17/26

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	—	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) #17 Russell St Mt Winans Balto

PARENTS

10 NAME OF FATHER Elmer Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Francis Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant Francis Stevenson (Address) #17 Russell St Mt Winans, Balto. Md

15 Filed — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

(Signed) Thos. B. Horton, M. D.
Coroner

Jan 19th, 1926 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) Accidental

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	1/20/1926
20 UNDERTAKER Mrs R. G. Elliott	ADDRESS Highland

TION is very important. See instructions on back of certificate.

JAN 20 1926

Spec.—1-10-21—M&T—1500 Bks.

E 05949

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05949

CERTIFICATE OF DEATH.

179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 S Caroline ST. 5-2 WARD)

2-FULL NAME Olivia Georgi Briggs

(a) RESIDENCE NO. 334 S Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Samuel Briggs

6 DATE OF BIRTH (month, day, and year): Jan 7, 1878

7 AGE: Years 48 Months Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of Industry, business, or estnblishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bedford, Va.

PARENTS

10 NAME OF FATHER: Wm D. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Martha Bayford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Charles S. Briggs (Address): 334 S Caroline

15 Filed JAN 20 1926 Registrar: ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1926, to Jan 17, 1926, that I last saw him alive on Jan 17, 1926, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Chronic Interstitial Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) Bernard Stern, M. D.

19 (Address) 38 S Carlin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 1/19 1926

20 UNDERTAKER: Samuel H Ensley

ADDRESS: Bdle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificates.

E 05950 HEALTH DEPARTMENT—CITY OF BALTIMORE 05950

CERTIFICATE OF DEATH.

159-002

1-PLACE OF DEATH

City of BALTIMORE: (No. 123 Richmond St., 11-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle Cropper

(Residence in Baltimore: No. 123 Richmond St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Jan. 16 1926 (Month) (Day) (Year)

7-AGE: .....yrs.....mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None (Ad)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: John Cropper

11-BIRTHPLACE OF FATHER, (State or Country): Cedartown Ga

12-MAIDEN NAME OF MOTHER: Minnie Cropper

13-BIRTHPLACE OF MOTHER, (State or Country): Okeechobee Fla

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Cropper

(Address) 123 Richmond St.

15-

Filed....., 192.....

ROBERT R. KRAUTER, Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 17 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus Lockjaw

Date

(Duration) .....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary).....

(Duration) .....yrs.....mos.....ds.

(Signed) J. T. Kennedy (Coroner.) M. D.

Jan. 17 1926 (Address) 2802 Eutaw Pl.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, 1/19 1926

20-UNDERTAKER, Samuel Kemsley ADDRESS 5 E. Lex St

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05951

CERTIFICATE OF DEATH.

161-002 E 05951

1-PLACE OF DEATH 26 Registered No.....

City of BALTIMORE: (No. 764 W Saratoga St., 41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Pointer

(a) Residence No. 764 W. Saratoga St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 16, 1926

7-AGE. If LESS than 1 day,

.....yrs.....mos. 3 ds. ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer)..... do

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore

(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Perry Pointer

11-BIRTHPLACE OF FATHER (city or town)... Dennison

(State or Country), Va.

12-MAIDEN NAME OF MOTHER, Mable Holloway

13-BIRTHPLACE OF MOTHER (city or town)... Durham

(State or Country), N.C.

14-

(Informant)..... Mable Pointer

(Address)..... 764 W. Saratoga

15-

Filed JAN 20 1926 ROBERT R. KRAUSER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 19, 1926

17- I HEREBY CERTIFY, That I attended deceased from

Jan 16, 1926 to Jan 19, 1926

that I last saw h.. alive on Jan 19, 1926

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY

(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick M. Snyder, M. D.

Jan 19 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn

DATE OF BURIAL, 1/20, 1926

20-UNDERTAKER. David Easter

ADDRESS 916 Park

instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05952

CERTIFICATE OF DEATH.

E 05952

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Md. Gen. Hosp. St. 17-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Mason

(Residence in Baltimore: No. 911 St. Barnabas Court St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	Single

6-DATE OF BIRTH. About ..... (Month) ..... (Day) 1847 (Year)

7-AGE. 47 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Smith

(Address) 1067 Vine St.

15-

Filed JAN 20 1926 192.. ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 18 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) no other contributing

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. J. Kennedy M. D.
(Coroner)

Jan. 19 1926 (Address) 2502 Fremont Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	1/20 1926

20-UNDERTAKER,	ADDRESS
Daniel Easton	916 Penna Ave

is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 05953

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05953

CERTIFICATE OF DEATH.

24-1 × 199 ✓

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (ST., WARD)

2-FULL NAME Annie C. Schohl.

(a) RESIDENCE NO. Glen Burnie, A. A. Co. Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---- yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Adolph E. Schohl.

6 DATE OF BIRTH (month, day, and year) November 5, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	2	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. do
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Carl Grodby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Catherine Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Peter C. Hein. (son)
(Address) Pikesville, Md.

15 Filed ....., 192 .....
Registrar.

JAN 21 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 17, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and autopsy find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound comminuted fracture of the skull. Struck on the head by some blunt instrument. Homicide.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Reinhardt (Coroner.), M. D.

Jany. 19, 1926. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?
Assaulted at Glen Burnie. Jan. 12, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Jan 20 1926
20 UNDERTAKER B Schloman & Son	ADDRESS 1034 Hanover St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 05954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05954

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3327 Falls Road ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Shaffer

(a) RESIDENCE No. 3327 Falls Road ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Shaffer

6 DATE OF BIRTH (month, day, and year): July 11- 1842

7 AGE — Years: 83 — Months: 6 — Days: 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co Maryland

PARENTS

10 NAME OF FATHER: John Hare

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rebecca Hampshire

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Florence M. Harris

(Address) 3327 Falls Road.

15 Filed JAN 20 1926, 19 ROBERT R. KRAUTER, Registrar

BURIAL PERMIT GIVEN.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1925 to Jan 19. 1926

that I last saw h[illegible] alive on Jan 18, 1926

and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart, Hypostatic Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Diabetes

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Sugar present in urine

(Signed) [illegible] M. D.

Jan 19 1926 (Address) 2020 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's (Hampden)

DATE OF BURIAL: Jan. 21 1926

20 UNDERTAKER: Horace H. Burgee

ADDRESS: 3631 Falls Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05955 E 05955

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Light ST. 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John C. Burnup

(a) RESIDENCE NO. 821 Light ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Kate E. Burnup

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 28 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Employee

(c) Name of employer: Public Schools

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Burnup

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Kate E. Burnup (wife)

(Address) 821 Light St

15 Filed ....., 19 .....

JAN 20 1926 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 16, 1926,

that I last saw h alive on Jan 16, 1926,

and that death occurred, on the date stated above, at 1 P. m.,

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Senile myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/19, 1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Co — DATE OF BURIAL: Jan 20 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05956

CERTIFICATE OF DEATH.

129 E 05956

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 524 E. 27th ST. 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susanna T. Parrish

(a) RESIDENCE No. 524 E 27th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James G. Parrish

6 DATE OF BIRTH (month, day, and year) April 2nd 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Anton Schlang.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Beil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. James G. Parrish

(Address) 524 E 27th St

15 Filed ..... 19.....

JAN 20 1926 ROBERT R. KRAUTER Assist. Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19th 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1925 to Jany. 19, 1926.

that I last saw h alive on Jany. 19th 1926,

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

Myocardial Insufficiency

(duration) 7 mos. 3 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Symptoms

(Signed) Wm. J. Tillebury, M. D.

1926 (Address) 415 Cedarcroft Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Jan. 22 1926

20 UNDERTAKER: Henry Hoeck Son — ADDRESS: 130 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

B 05957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 05957

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 703 E. 20th St. (Ward) 4-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin E Becker

(a) RESIDENCE NO. 1312 Harford Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. 15 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 4 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	—	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Conductor for

(b) General nature of industry, business, or establishment in which employed (or employer): United Railways

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER Arthur E Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER Mary E. Douglas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mr. Arthur E. Becker

(Address) 1312 Harford Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1925, to Jan. 19, 1926, that I last saw him alive on Jan. 19, 1926, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. — mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Tuberculosis

(Signed) C. P. Magness, M. D.

1926 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Jan. 23 1926

20 UNDERTAKER: Penny Hook Inc — ADDRESS: 1301 E Eager St

ISSUED Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05958

CERTIFICATE OF DEATH.

101-001 E 05958

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 E. 25th. St. ST. 12-3 WARD)

2-FULL NAME Catherine M. Harrington

(a) RESIDENCE NO. 112 E. 25th. St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Harrington

6 DATE OF BIRTH (month, day, and year) April 8th. 1868.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home, NO

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER John Sweeney.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Welsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Harrington. (Address) 112 E 25th. St.

15 Filed ....., 19.... Registrar

JAN 20 1926 ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18th. '26.

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926. to Jan 18. 1926.

that I last saw h27 alive on Jan 18, 1926

and that death occurred, on the date stated above, at 920 P. m.

The CAUSE OF DEATH* was as follows:

Tobarpneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert L. Green M. D.

1-20, 1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery.	1/22 1926

20 UNDERTAKER Chas. P. Maus & Son ADDRESS 11 S. Mont & Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 05959

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 ✓
74 E 05959

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Steam Shipyard 12th av

City of BALTIMORE: (No. Arnolds Savoa Second St., 16-9 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Walter

(Residence in Baltimore: No. Arnolds Savoa Seconds St.; yrs., 6 mos., 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	white	Mar

6-DATE OF BIRTH. unknown

..... (Month) ..... (Day) 1..... (Year)

7-AGE. About 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Passer
(b) General nature of Industry, business, or establishment in which employed (or employer): Steam ship

9-BIRTHPLACE. (State or Country), Philadelphia

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER. (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER. (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed ..... 19?.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 11 (Day) 192.6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Dec death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

.....(Duration).....yrs. Suddenly mos. ds.

CONTRIBUTORY (Secondary) .....

.....(Duration).....yrs. mos. ds.

(Signed) James M Fenton M. D. (Coroner.)

Jan 12 192.6 (Address) 700 Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. ..... 19 ...

20-UNDERTAKER. ADDRESS

...ssor Health.

UNIVERSITY OF MARYLAND.
JAN 20 1926 ROBERT R. KRAUTER, Public Health Nurse
JAN 20 1926
CASE OF THE MORGUE

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05960

CERTIFICATE OF DEATH.

99-002 E 05960

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 W. North ave. 15-13 WARD)

2-FULL NAME Jacob Wigodner

(a) RESIDENCE NO. 1721 W. North ave., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Wigodner

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Russia
(State or country)

PARENTS

10 NAME OF FATHER Joseph Wigodner

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Sarah Wigodner
(Address) 1721 W. North ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1926, to Jan. 19, 1926.

that I last saw him alive on Jan. 18, 1926.

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Chronic bronchitis

(duration) 2 or 3 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? physical signs & symptoms

(Signed) J. F. Thennell, M. D.

Jan. 19, 1926 (Address) 2226 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hebrew Rest — DATE OF BURIAL: 1/20 1926

20 UNDERTAKER: Jacob Lewis — ADDRESS: 1829 E. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05961

REGISTERED NO. 74 001 E 05961

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3433 Reisterstown Rd ST., 15-2 WARD)

2-FULL NAME Bella Wilmer

(a) RESIDENCE No. 3433 Reisterstown Rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., If of foreign birth? 37 yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
f	w	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Wilmer

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1429 E Balto

15 Filed ..... 19 ..... Registrar

JAN 20 1926 ROBERT R. KRAUTER, Vital Records Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/19 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 8, 1926, to Jan 19, 1926.

that I last saw her alive on Jan 19, 1926,

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Apoplexy, Hemiplegia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension Pneumonia

(duration) 3 yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? observation

(Signed) Joseph Eichner M. D.

, 19 (Address) 3201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Cem DATE OF BURIAL 1/20 1926

20 UNDERTAKER Jack Lewis ADDRESS 1429 E Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05962

CERTIFICATE OF DEATH

E 05962

REGISTERED NO. 76-5 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 S Clinton St. WARD)

2-FULL NAME Julius Ruppling

(a) RESIDENCE NO. 321 S Clinton St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ruppling

6 DATE OF BIRTH (month, day, and year) Jan 26-1837

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work RR Flagman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Karl Ruppling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dora Kuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Ruppling
(Address) 321 S Clinton St

15 Filed ..... 19 ..... Registrar

JAN 20 1926 ROBERT R. MEAD Health Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 13 1926 to Jan 18 1926,

that I last saw h— alive on Jan 18 1926,

and that death occurred, on the date stated above, at 8 00 P m.

The CAUSE OF DEATH* was as follows:

Cerebral - Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sudden collapse

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Owen M. D.

19 (Address) 354 Potomac St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel

DATE OF BURIAL Jan 22 26

20 UNDERTAKER John Merrick

ADDRESS 200 S Allen

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 05963 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05963

CERTIFICATE OF DEATH.

9-3 11-002

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1146 Montpelier St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Anna Hauck

(a) Residence No. 1146 Montpelier St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 12 1856

7-AGE.	If LESS than 1 day,
69 yrs. 10 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Atlantic City N. J.

PARENTS.

10-NAME OF FATHER, James B. Knight

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Eunice Scull

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Lillian Prior

(Address) 1146 Montpelier St

15- Filed ..... 192 .....

RUBERT H. KRAUTER, Registrar.

JAN 20 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 18 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1926 to Jan 18 1926 that I last saw h[illegible] alive on Jan 18 1926 and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) ?

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Jno Wolfenden Troy M.D. M. D.

1/18, 1926 (Address) 409 E. 25th St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn — DATE OF BURIAL. Jan 21, 1926

20-UNDERTAKER. Wilhelm Cook — ADDRESS 502 E North Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 05964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05964

CERTIFICATE OF DEATH.

15-1174-001

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 1921 N. Payson St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry C. Ford

(Residence in Baltimore: No. 1920 N Payson St St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (~~Write the word.~~)
Male	W.	Widower

6-DATE OF BIRTH. July (Month) 21 (Day) 1857 (Year)

7-AGE.	If LESS than 1 day,
70 yrs. 6 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... an Basket Co

9-BIRTHPLACE, (State or Country). Washington D.C.

PARENTS.

10-NAME OF FATHER. Joseph Ford.

11-BIRTHPLACE OF FATHER, (State or Country). England

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lynda Coursey

(Address) 1918 Payson St

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessey, M. D. (Coroner)

Jan. 19 1926 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	Jan 20 1926

20-UNDERTAKER.	ADDRESS
Wm Cook	502 S North ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 05965

74-002

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. ____

1 PLACE OF DEATH
County ____
[illegible] or City Balto (No.) 1319 West Mt Royal ave (Ward) 11-1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Virginia E. Custis In City - 38 yrs

PERSONAL AND STATISTICAL PARTICULARS

3 SEX [illegible]
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Jan (Month) 15 (Day) 1864 (Year)

7 AGE 62 yrs. ____ mos. 4 ds. If LESS than 1 day ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work Home
(b) General nature of industry business, or establishment in which employed or (employer) ____

9 BIRTHPLACE (State or country) Va

PARENTS
10 NAME OF FATHER Thos W Custis
11 BIRTHPLACE OF FATHER (State or country) Accomac, Va
12 MAIDEN NAME OF MOTHER Mary Parker
13 BIRTHPLACE OF MOTHER (State or country) Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thos W Custis
(Address) 1319 W. Mt Royal ave

15 Filed JAN 20 1926 192 ____ ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan (Month) 19 (Day) 1926 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Nov 10 1925 to Jan 19 1926, that I last saw h[illegible] alive on Jan 17 1926, and that death occured on the date stated above, at 7.45 A m.

The CAUSE OF DEATH * was as follows:

Arterio-sclerosis

(Duration) 5 yrs. ____ mos. ____ ds.

Contributory Secondary Cerebral Thrombus

(Duration) ____ yrs. 4 mos. ____ ds.

(Signed) O S Dove M. D.
1/20 1926 (Address) 720 W. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs. ____ mos. ____ ds. In the State yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death? ____
Former or usual residence ____

19 PLACE OF BURIAL OR REMOVAL Accomac, Va
DATE OF BURIAL Jan 20, 1926
20 UNDERTAKER Wm Cook
ADDRESS 502 E. North ave

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

statement of OCCUPATION is very important. See instructions on back of certificate.

4 T. W. Custis Va D.C.a

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05966 E 05966

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Registered No. C. 166 1926

City of BALTIMORE: (No. Colonial Hop St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Lewis Jackson

(Residence in Baltimore: No. 1132 Madison St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, [illegible] 1 (Month) (Day) (Year)

7-AGE, 32 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Odd

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Bishop Jackson

11-BIRTHPLACE OF FATHER, (State or Country), Va

12-MAIDEN NAME OF MOTHER, Lewis

13-BIRTHPLACE OF MOTHER, (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Irene Brown

15- 1132 Division St

Filed ..... 192.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15 192.6. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis due to Gun shot wound Chest & abdomen

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

June 17 1926 (Address) [illegible]

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Norfolk Va DATE OF BURIAL. June 20 1926

20-UNDERTAKER. S.V. Cartwright ADDRESS 1400 Madison St

JUN 20 1926 ROBERT R. KRAUTER Burial Permit Clerk

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 05967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05967

57

1-PLACE OF DEATH St Joseph Hospital.

CITY OF BALTIMORE: (No. Caroline & Oliver st. ST., 9-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Terence Hughes

(a) RESIDENCE NO. 1405 E. Hanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Hughes

6 DATE OF BIRTH (month, day, and year) 5/12/1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Sergent 61

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland-

PARENTS

10 NAME OF FATHER John Hughes.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland-

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland-

14 Informant (Address) John Hughes 1405 E. Hanvale St.

15 Filed ....., 19 .... Registrar

JAN 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21. 1925 to Jan. 18 1926.

that I last saw him alive on Jan. 18. 1926

and that death occurred, on the date stated above, at 9. P m.

The CAUSE OF DEATH* was as follows:

Gangreme of Tongue

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Asperation. pnuemonia multiple emboli from lingual Artery

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical.

(Signed) Clement Lemmon M.D.

, 19 (Address) St Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem DATE OF BURIAL 1/21 1926

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05968

CERTIFICATE OF DEATH.

118-002

E 05968

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 415 E. Federal St. St., 17-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Emma S. Cott

(a) Residence No. 415 E. Federal St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan. 5, 1926

7-AGE, ...yrs. 14 mos. .....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto. (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. S Cott

11-BIRTHPLACE OF FATHER (city or town) Charlottesville (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Emma Spencer

13-BIRTHPLACE OF MOTHER (city or town) Charlottesville (State or Country), Va.

14- (Informant) Wm. S Cott

(Address) 415 E. Federal St.

15- Filed....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1—19-26

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1926, to Jan. 17, 1926, that I last saw h[illegible] alive on Jan. 17, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Intussusception (Lower bowel)

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Macco Williams, M. D.

on....., 19 26 (Address) 1830 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, [illegible] HOPKINS HOSPITAL

DATE OF BURIAL, ... 19....

20-UNDERTAKER. [illegible] Health

ADDRESS

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05969

CERTIFICATE OF DEATH.

154-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N Biddle ST., 11-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Patterson

(a) RESIDENCE NO. 228 N. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan 19, 1926

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Clyde Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Ruth Harris

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Ruth Patterson (Address) 228 N Biddle St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19. 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/19, 1926, to 1/19, 1926, that I last saw her alive on Jan 19, 1926, and that death occurred, on the date stated above, at 11:05 a.m.

The CAUSE OF DEATH* was as follows:

Tetanus Neonatorum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 7 Months Gestation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Gill, M. D.

1/19, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

JAN 20 1926 ROBERT P. KRAMER

JAN 20 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should take

Spec.—1-10-21—M&T—1500 Bks.

(Brookes)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05970

100-001 05970

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1209 (St.) Smith (Ward) 16-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Brooks

(a) RESIDENCE NO. 1209 ST., Smith WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 23/1924

7 AGE — Years: 1 year; Months: 9 8; Days: 26 20; If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: William Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Bessie Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Bessie Brooks 1209 Smith St

15 Filed ....., 19 ..... Registrar

Robert T. Harrison,

12 0 1926 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to Jan 19, 1926, that I last saw him alive on Jan 19, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchs-Pneumonia

Lobar

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) A R Cooksey, M. D.

, 19 (Address) 163 Depot St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 11/21/26

20 UNDERTAKER: ~~Undertaker~~ James Easter — ADDRESS: 916 Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Names should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—1-12-23—M&T—500 Bks.

05971

HEALTH DEPARTMENT—CITY OF BALTIMORE

05971

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St.) WARD)

REGISTERED NO. 12231

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Winakur

(a) RESIDENCE No. 1217 Cloverdale Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? Unknown mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 880

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Israel Winakur

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Dora Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital Records (Address)

15 Filed ....., 19 Robert P. Harrison, Registrar

NP 0 1926 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1925 to Jan. 20, 1926.

that I last saw him alive on Jan. 20, 1926,

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Angina pectoris

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm McKane Jr, M. D.

1-20-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel	Jan 22 1926
20 UNDERTAKER	ADDRESS
Jack Levin	1439 E. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 05972

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05972

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 N. Mount ST. 16-7 WARD)

2-FULL NAME George W. Gramblitt

(a) RESIDENCE No. 810 N. Mount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas A. Gramblitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Katherine Lisco

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Laurel Baltimore Md

14 Informant Mrs Jennie Burton (Address) 810 N. Mount st

15 Filed JAN 20 1926, 19 Robert F. Garrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to Jan 19, 1926, that I last saw him alive on Jan 19, 1926, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Ernest H. Kahn M. D.

1/17, 1926 (Address) 3000 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: Jan 23 1926

20 UNDERTAKER: Henry Lutz — ADDRESS: 1203 N. Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05973

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3218 E. Lombard (St.) 26-5 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Regina Himmelman

(a) RESIDENCE No. 3218 E. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Himmelman

6 DATE OF BIRTH (month, day, and year) April 16-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry A. Werner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Not known

14 Informant Elsie Himmelman
(Address) 3218 E. Lombard St.

15 Filed JAN 20 1926, 19 Robert F. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1925, to Jan. 18, 1926, that I last saw her alive on Jan. 18, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Capt. L. Green, M. D.

1-19, 1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cem.

DATE OF BURIAL Jan. 22 1926

20 UNDERTAKER Zirkle & Zirkle

ADDRESS 1739 E. Eager St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 05974 E. 05974

CERTIFICATE OF DEATH.

(Typewriter Preferred.) REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3405 Carlisle Ave ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Carylon Rudolphi

(a) RESIDENCE NO. 3405 Carlisle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Singer

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of

6 DATE OF BIRTH (month, day, and year) Oct 27, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51 yrs	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Nsme of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Charles Rudolphi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fredericka W. Gunther

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Augusta Rudolphi (Address) 3405 Carlisle Ave

15 Filed Jan 20 1926 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug., 1924, to Jan 18, 1926, that I last saw h alive on Jan 18, 1926 and that death occurred, on the date stated above, at 10 40 P m

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum examination

(Signed) Woodward, M. D.

Jan 20 1926 (Address) 3429 Charlestown Pike

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan 21 1926
20 UNDERTAKER	ADDRESS
Jos Joerdens & Son	217 S Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05975 05975

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raymond and Dukeland ST. 12-4 WARD)

2-FULL NAME Morris Franklin

(a) RESIDENCE NO. 2641 Barclay ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie Franklin

6 DATE OF BIRTH (month, day, and year): May 15 1868

7 AGE: 57 Years: 37 Months: 8 Days: 5

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer): 006

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Franklin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Franklin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Katie Franklin 2641 Barclay Street

15 Filed ..., 19 ... Registrar

Robert P. Lapides

Burial Permit Clerk

N20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/20 1926

17

I HEREBY CERTIFY, That I attended deceased from 1/14, 1926, to 1/20, 1926.

that I last saw h. in alive on 1/20/26, 19...,

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) L. Marcus, M. D.

, 19 (Address) W. B. & A.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Hebrew Wash Road — DATE OF BURIAL: 1/21 1926

20 UNDERTAKER: Jack Levis — ADDRESS: 1434 E Balt

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05976

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05976

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Herman Hospital ST., WARD)

2-FULL NAME Bertha Phillips

(a) RESIDENCE NO. 1527 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Phillips

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Conrad Phillips

(Address) 1527 Eastern Ave

15 Filed ..... 19 Robert P. Harrison, Registrar

N 20 1926

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926 to Jan 20, 1926.

that I last saw h e alive on Jan 20, 1926.

and that death occurred, on the date stated above, at 1 30 m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis & Cardiac failure (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Phillip Jacobson M. D.

1/20, 1926 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herman Rd. DATE OF BURIAL 1/21 1926

20 UNDERTAKER Jack Lewis ADDRESS 1409 Eutaw St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05977

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05977

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 508- London Ave ST. 20-1 WARD)

2-FULL NAME Chas. F. McConnick

(a) RESIDENCE NO. 508- London Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie E. Cole

6 DATE OF BIRTH (month, day, and year) 8/7/1854

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	71	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 08b

(b) General nature of industry, business, or establishment in which employed (or employer) Undertaker

(c) Name of employer

9 BIRTHPLACE (city or town) Berryville (State or country) Va.

PARENTS

10 NAME OF FATHER James McConnick

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Mrs. N. McConnick (Address) 508- London Ave.

15 Filed JAN 20 1926, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Jan 19, 1926.

that I last saw ... alive on " 19, 1926

and that death occurred, on the date stated above, at 9:45 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Myocarditis

(duration) ? yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Finding

(Signed) Geo L. Wrasig, M. D.

, 19 (Address) 6000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL 1/21/26 19

20 UNDERTAKER Geo. J. Ruth 907 ADDRESS 1735 Hanford Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 05978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05978

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Cliftmont Ave. ST., 8-9 WARD)

South of Erdman Ave
near Belair Rd.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victoria A. Carrick,

(a) RESIDENCE No. 3105 Cliftmont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 27. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	70	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ----------

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

PARENTS

10 NAME OF FATHER B. Amos Carrick,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co. Md.

12 MAIDEN NAME OF MOTHER Susanna Ryon,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince George Co. Md.

14 Informant Mrs. Alfred Freedenburg,
(Address) 3105 Cliftmont Ave

15 Filed ..... , 19 ..... Registrar

N20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925, to Jan 20, 1926,

that I last saw h alive on Jan 20, 1926,

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Sclerosis

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Smith, M. D.

(Address) 4706 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Loudon Park

DATE OF BURIAL JAN 22 1926

20 UNDERTAKER Geo W Little

ADDRESS 2708 EDMONDSON AVE

E 05979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05979

CERTIFICATE OF DEATH.

90

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 904 Church Court St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Jacob Rupp

(Residence in Baltimore: No. 904 Church Court St.; yrs. 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~Single~~, Married, ~~Widowed~~, or Divorced, (Write the word.)
Male	White	Divorced

6-DATE OF BIRTH, — — 1864
(Month) (Day) (Year)

7-AGE, 62 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Rupp

11-BIRTHPLACE OF FATHER, (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Adelhardt

13-BIRTHPLACE OF MOTHER, (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Daughter

(Address)..... Highland Park

15-

Filed..... 192.. Robert P. Harrison, Registrar.

JAN 20 1926

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. T. Hennessy, M. D. (Coroner.)

Jan 20, 1926. (Address) 4802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Jan. 21, 1926
20-UNDERTAKER, Geo W Little	ADDRESS 2700 Edmondson Ave

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05980

CERTIFICATE OF DEATH.

38 E 05980

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 8-W WARD)

2-FULL NAME Doris C. Adams

(a) RESIDENCE NO. 1748 N. Chester ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Jan 5/26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER NicholasAdams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.Md

12 MAIDEN NAME OF MOTHER Alberta Wirtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.Md

14 Informant Nicholas Adams
(Address) ~~1748 N.Chester St~~

15 Filed JAN 21 1926 192 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Subtentorial Hemorrhage-Thrombosis-
Rt. Lateral Sinus.
(Autopsy at Hopkins)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Syphillis?
(duration) ? yrs. ..... mos. ..... ds.

(Signed) J. W. Bauer, M. D.
(Coroner.)

1/20/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baby Redeemer Cemetery	Jan 24 1926
20 UNDERTAKER	ADDRESS
Henry Koeck & Sons	1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

Spec.—6-9-19—H. P. Co.—1000 Bks.

Lucas

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05981

CERTIFICATE OF DEATH.

E 05981

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 859 Vine St. 18-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anne B Ringgold Lucas

(a) RESIDENCE. No. 859 Vine St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Mar

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1877

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Edward Ringgold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E Colkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Matt Reynolds
(Address) 859 Vine

15 Filed JAN 21 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1925, to Jan 18, 1926, that I last saw h alive on Jan 18, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T Norwood, M. D.

Jan 19 1926 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Jan 21 1926

20 UNDERTAKER John H. Toadvine ADDRESS 1827 Druid Hill Ave

Spec.—1-12-23—M&T—500 Blks.

E 05982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-001

E 05982

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (c.h.) ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellis Green

(a) RESIDENCE No. 1014 S. Sharpe st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Green

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Washington District of Columbia

PARENTS

10 NAME OF FATHER Henry Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

15 Filed JAN 21 1926 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1926, to Jan. 19, 1926, that I last saw him alive on Jan. 19, 1926, and that death occurred, on the date stated above, at 10.15 a.m.

The CAUSE OF DEATH* was as follows:

Aortic aneurysm

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W O'M McLane Jr., M. D.

1-19-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem

DATE OF BURIAL 1-22-1926

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Hand Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. IN CASE OF DEATH FROM ACCIDENT, HOMICIDE OR SUICIDE, CORONER must be promptly notified. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—1-10-21 M&T 1500 Bks.

E 05983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 05983

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 Ridgewood Road ST., 27-6 WARD)

2-FULL NAME Cynthia . N. Stevens

(a) RESIDENCE No. 206 Ridgewood Road R.P. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS STATEMENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ E. J. Stevens

6 DATE OF BIRTH (month, day, and year) 02 10 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Phila Pa

PARENTS

10 NAME OF FATHER James J. McGee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila Pa

12 MAIDEN NAME OF MOTHER E. Ann Gordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Phila Pa

14 Informant: Mrs E. J. Stevens
(Address) 206 Ridgewood Road R.P.

15 Filed ..... 19 ..... Registrar .....

JAN 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18th, 1926, to Jan 20th, 1926, that I last saw h[illegible] alive on Jan 18th, 1926, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Embolism

Senility (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

[illegible] (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) C. [illegible] Hamilton Jr M. D.

, 19 (Address) 24 W. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Jan 22 1926
20 UNDERTAKER	ADDRESS
Henry J. Jenkins & Sons Co	Richard & Eutaw Sts

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05984

CERTIFICATE OF DEATH.

185 ✓

E 05984

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sherwood Hotel ST. 11-2 WARD)

2-FULL NAME Catharine C. Bruce

(a) RESIDENCE No. 212 W. Monument ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilkins Bruce Widowed

6 DATE OF BIRTH (month, day, and year): Aug 20 - 1841

7 AGE: Years 85 | Months 4 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. City

PARENTS

10 NAME OF FATHER: Josiah Pennington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Sophia C. Chisholm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Oakland Md.

14 Informant: Chas. J. Keller

(Address) 222 W. Monument St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 19 - 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 5 - 1926, to Jan 19 - 1926.

that I last saw h alive on Jan 19 - 1926.

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema (Duration)

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Advanced age and fractured hip (duration) — yrs. — mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam

(Signed) Chas. J. Keller, M. D.

1/19, 1926 (Address) 222 W. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va

DATE OF BURIAL: Jan 23 1926

20 UNDERTAKER: Henry W. Jenkins & Sons Co

ADDRESS: Orchard & Mc Culloh

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05985 05985

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1747 East Federal ST. 8-2 WARD)

2-FULL NAME John Steckel Jr

(a) RESIDENCE NO. 1747 East Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Annetta Steckel

6 DATE OF BIRTH (month, day, and year) apr 7 1888

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
37	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer Elliott & Steckel

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Steckel

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Annie E. Owens

13 BIRTHPLACE OF MOTHER (city or town) Philadelphia (State or country) Pa

14 Informant John Steckel (Address) 1747 East Federal St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1926, to Jan 19, 1926, that I last saw h.. alive on Jan 19, 1926, and that death occurred, on the date stated above, at 3 22 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) Years yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Standish McLean M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL 1/21/26

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

ROBERT R. KRAUTER, Health Commissioner

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

05986 — 100 — 001 — 05986

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Strathmore Park

CITY OF BALTIMORE: (No.) Forest + Beulah ave (St.) 77-16 (WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME DAVID JONES

(a) RESIDENCE. No. Beulah + Forest St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Schultze Jones.

6 DATE OF BIRTH (month, day, and year) Aug 19 - 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	58	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Display Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Dept Store

(c) Name of employer The Hub.

9 BIRTHPLACE (city or town) South Wales
(State or country) England

PARENTS

10 NAME OF FATHER John. Jones.

11 BIRTHPLACE OF FATHER (city or town) England
(State or country)

12 MAIDEN NAME OF MOTHER Anne —

13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant Emma S. Jones
(Address) Forest + Beulah aves

15 Filed ..... 19 ..... Registrar

JAN 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 — 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 6 . 1926 . to Jan 19 - . 1926 .

that I last saw him alive on Jan 19 — . 1926 .

and that death occurred, on the date stated above, at 3 00 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

11 (duration) days mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) .. Victor Richards M. D.

. 19 (Address) 914 N. Wheeler St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Jan 21 1926

20 UNDERTAKER — ADDRESS

John O. Mitchell — 1111 E. Fayette St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 05987

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05987

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St. 4-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Bernard Carville.

(a) RESIDENCE NO. Kennett Square, ST. Pennsylvania WARD

(Usual place of abode) Route iii.

Length of residence in city or town where death occurred yrs mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Edward Carville.

6 DATE OF BIRTH (month, day, and year) May 2, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store keeper 054

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) King & Queen County, Virginia

PARENTS

10 NAME OF FATHER Bernard Embank.

11 BIRTHPLACE OF FATHER (city or town) (State or country) King & Queen County, Virginia

12 MAIDEN NAME OF MOTHER Mary S. Mundy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex County, Virginia.

14 Informant Miss Mary E. Embank. (Address) 1629 St. Paul St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1925, to Jan 20, 1925, that I last saw her alive on Jan 20, 1925, and that death occurred, on the date stated above, at 3:02 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of sigmoid with acute intestinal obstruction. Relief of obstruction 12/29/26. Resection of sigmoid 1/7/26.

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? Pennsylvania.

Did an operation precede death? Yes. Date of 12/29/25 1/7/26

Was there an autopsy? No.

What test confirmed diagnosis? Exploration Laparotomy

(Signed) Frederick Henry Knoll, M. D.

, 19 (Address) Womans Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL January 22 1926

20 UNDERTAKER John C. Mitchell

ADDRESS 1 N. Fayette St.

ROBERT R. KRAUTER
Registrar

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05988

90 E 05988

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1621 Druid Hill St., 14-1 WARD)

2-FULL NAME Bridget B Lewis

(a) RESIDENCE NO. 1621 Druid Hill Ave STREET WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Nathaniel Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Eliza Atkins

(Address) 1370 Hoskins st

15 Filed ....., 19 ..... Registrar

AN 21 1926 ROBERT R. KRAUTER Chief Public Health Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1925 to Jan 19 1926.

that I last saw h alive on Jan 19 1926

and that death occurred, on the date stated above, at 5 1 P m.

The CAUSE OF DEATH* was as follows:

Valvular heart lesion

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. T. Coleman M. D.

1926 Address 2036 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	1-21 1926
20 UNDERTAKER	ADDRESS
Mrs George H Holland	1631 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 05989

CERTIFICATE OF DEATH.

E 05989

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Seven Apartments ST. 11-2 WARD)

2-FULL NAME Helen T Knox

(a) RESIDENCE NO. Seven Apartments ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rev J Mason Knox

6 DATE OF BIRTH (month, day, and year) May 20 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Phila Pa

PARENTS

10 NAME OF FATHER Oswald Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Penna

12 MAIDEN NAME OF MOTHER Amelia Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Penn

14 Informant Dr J Mason Knox Jr

(Address) 211 Woodbourne Road

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 1926 to Jan 20 1926

that I last saw him alive on Jan 20 1926

and that death occurred, on the date stated above, at 6 15 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema 24 hours

(duration) ..... yrs. ..... mos. .....

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Warren Buckler M. D.

Jan 20 1926 (Address) 806 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn New York

DATE OF BURIAL Jan 22 1926

20 UNDERTAKER John B Spence

ADDRESS 1325 N Carolina

Greenwood Cemetery Brooklyn NY

Spec.—1-10-21—M&T—1500 Blks.

(Gries)

E 05990

HEALTH DEPARTMENT—CITY OF BALTIMORE

84 E 05990

CERTIFICATE OF DEATH.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hosp. (St.) 27-11 (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Theresa Gries

(a) RESIDENCE NO. 21 Christopher Ct (St.) ..... (Ward) .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Aug 6th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	71	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Frank Durlow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Theresa Gries
(Address) 21 Christopher Ct.

15 Filed JAN 21 1926 ROBERT R. KRAUSE, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926, to Jan 17, 1926, that I last saw her alive on Jan 17, 1926; and that death occurred, on the date stated above, at 7:25 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) unknown ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Jno A Templeton, M. D.

, 19 (Address) 1 N Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lakewood Cemetery — DATE OF BURIAL Jan 21 1926

20 UNDERTAKER Wm T. Hartley — ADDRESS 845 N Washington

Spec.—1-10-21—M&T—1500 Bks.

E 05991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 05991

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 Forrest St. 5-2 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Henson

(a) RESIDENCE NO. 237 Forrest St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 19, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unk
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unk
(State or country)

14 Informant Hattie Colbourn.
(Address) 153 Colburn St

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 18, 1926, that I last saw her alive on Jan 18, 1926, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Valvular disease Chron. nephritis (duration) ? yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Geo. S. Allen, M. D.

1/19, 1926 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL 1/21/26 1926

20 UNDERTAKER Byron Wright

ADDRESS 1918 McCulloh

Spec.—1-10-21—M&T—1500 Blks.

05992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001

10 E 05992

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 10 S Hare (St.) (1-4) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecilia Galembiewski

(a) RESIDENCE NO. 10 S Hare ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Galembiewski

6 DATE OF BIRTH (month, day, and year) NOV 17 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Ruminiak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Pawlak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Stephen Galembiewski

(Address) 10 S Hare Street

15 Filed JAN 21 1926, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to Jan 19, 1926,

that I last saw h alive on Jan 18, 1926,

and that death occurred, on the date stated above, at 3 40 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Lung involvement

(Signed) [illegible] M. D.

1926 (Address) 32 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus cem — DATE OF BURIAL Jan 23 1926

20 UNDERTAKER John M Weber — ADDRESS 1803 Bank St

E 05993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05993

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1104 Little Wilson St. Ward) 16-6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Scott

(Residence in Baltimore: No. 1104 Little Wilson St St.; 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	colored	single

6-DATE OF BIRTH. about ..... (Month) ..... (Day) 1858 (Year)

7-AGE, 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harrison Watts

(Address) 1607 Riggs

15-

Filed ..... 192.....

ROBERT E. KRAUTER, Registrar.

JAN 21 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 15, 1926. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

I. Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. T. Hennessy M. D. (Coroner.)

Jan. 19, 1926. (Address) 2702 Edmondson Av.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Jan 21 1926

20-UNDERTAKER.	ADDRESS
J. L. Brown & Son	1100 Myrtle Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 05994 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05994

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD) 22-2

2-FULL NAME Joseph Gross.(C)

(a) RESIDENCE NO. 117 W.Hill St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ---mos.---ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md

PARENTS

10 NAME OF FATHER: Joseph Gross.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Leonard Mills.(C)
(Address): 117 W.Hill St.

15 Filed ..., 192 ... Registrar

JAN 21 1926 ROBERT R. ARMISTEAD Health Commissioner

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 18, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M Reinhardt (Coroner.) M. D.

Jany 21, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ct	Jan 21 1926

20 UNDERTAKER: J. R. Bromwell Son ADDRESS: Baltimore

Spec.—1-12-23—M&T—500 Bks.

05995

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 05995

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 Ashland Ave St., 12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Myers. Jr.

(a) RESIDENCE NO. 2016 Ashland Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced. (write the word): Single

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Feby 11-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
		11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓ 0

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Geo W Myers. Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Ida M. Bonner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Geo W. Myers. Sr

(Address): 2016 Ashland Ave

15 Filed ..... 19 ..... Registrar

JAN 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1926 to Jan 19 1926

that I last saw h alive on Jan 19 1926

and that death occurred, on the date stated above, at 5-30 p. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) ... yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Broncho Pneumonia

(duration) ... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) J. Fred Bruntz, M. D.

19 1926 (Address) 600 N. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem — DATE OF BURIAL: Jan 21 1926

20 UNDERTAKER: Geo M. Fuhrman Son — ADDRESS: 811 N. Paca

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05996

46

E 05996

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Hanover ST. 22-2 WARD)

2-FULL NAME Annie Larrimore

(a) RESIDENCE NO. 820 Hanover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm H Larrimore

6 DATE OF BIRTH (month, day, and year): NOV 7 1874

7 AGE: Years 51 | Months 2 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dorchester Co Md

PARENTS

10 NAME OF FATHER: Thos Moore

11 BIRTHPLACE OF FATHER (City or town) (State or country): Dorchester Co Md

12 MAIDEN NAME OF MOTHER: Florence Reed

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Dorchester Co Md

14 Informant: Mrs Wm H. Larrimore
(Address) 820 Hanover St

15 Filed ..... 19 ..... Registrar

JAN 21 1926 ROBERT R. KRAUTER, Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to Jan 19, 1926 that I last saw h live on Jan 19, 1926 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. H. Campbell M. D.

Jan 20, 1926 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 21 1926

20 UNDERTAKER: John F Denny — ADDRESS: 915 Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

E 05997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 E 05997

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2215 Belair ave. (ST.) 8-1 (WARD)

2-FULL NAME John Vincent Clark

(a) RESIDENCE No. 2215 Belair Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Clark

6 DATE OF BIRTH (month, day, and year) June 14 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Roofing

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Lester S. Clark

11 BIRTHPLACE OF FATHER (city or town) Harford Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Hickmann

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Germany

14 Informant Margaret Clark

(Address) 2215 Belair Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1926, to Jan 20, 1926, that I last saw h alive on Jan 19, 1926, and that death occurred, on the date stated above, at 7:40 a. m.

The CAUSE OF DEATH* was as follows:

Cardio Sclerosis Arteriosclerosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Senile Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. Lossen M. D.

1926 (Address) 19 Randall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 23 1926

20 UNDERTAKER Frederick Lossen & Son ADDRESS Fulton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

05998

HEALTH DEPARTMENT—CITY OF BALTIMORE

05998

CERTIFICATE OF DEATH.

REGISTERED NO. 13129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 508 N. Belair Road ST., Rosebank WARD)

2-FULL NAME Elise [redacted]-Eigenrauch-Edeler

(a) RESIDENCE NO. 508 N. Belair Road ST., Rosebank WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 10 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Maryland

PARENTS

10 NAME OF FATHER William Edeler

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Germany

14 Informant Mary Eigenrauch (Address) 508 N. Belair Road

15 Filed — —, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20 1926

17 I HEREBY CERTIFY, That I attended deceased from January 11, 1926, to January 20, 1926, that I last saw h[illegible] alive on January 19, 1926, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis 2

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theo. A Koldewey M. D.

(Address) 1900 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan. 23 1926
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Son	Fullerton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 21 1926 BUREAU OF VITAL STATISTICS

Hightower

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 05999

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05999

CERTIFICATE OF DEATH.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 Hillen Rd near Gordon ave. ST.; WARD) 10 6-002

REGISTERED No. 5-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Reola Gertrude Sledge Hightower

(a) RESIDENCE. No. 202 Hillen Rd. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-28-21

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER William Hightower

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Bessie Edith Sledge

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Helen Haney (Address) 202 Hillen Rd.

15 Filed , 19 ROBERT R. KRAMER, Registrar

JAN 21 1926 Health Patrol Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1926.

17 I HEREBY CERTIFY, that I attended deceased from Jan 12, 1926, to Jan 19, 1926, that I last saw her alive on Jan 19, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Tonsillar Abscess

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Marcellus E. Toney, M. D.

, 19 (Address) 1445 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery (Govans)	Jan. 21 1926

20 UNDERTAKER Frederick Lassahn ADDRESS Fiddleston

Spec.—1-10-21—M&T—1500 Bks.

E 06000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06000

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 523 S. Potomac St. Ward) 1-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Anna Koenig

(a) RESIDENCE NO. 523 S. Potomac St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Koenig

6 DATE OF BIRTH (month, day, and year): Aug 2 1855

7 AGE — Years: 70 — Months: 5 — Days: 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Philip Fleischmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Margaret Gramsee 3223 Elmley

15 Filed JAN 21 1926 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 20 1926

17

I HEREBY CERTIFY, That I attended deceased from January 7th, 1926, to Jany 20th, 1926, that I last saw her alive on Jany 20th, 1926, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular disease Heart

Myocarditis (duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb R Athey, M. D.

Jany 20, 1926 (Address) 100 S. Potterson Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 23 1926

20 UNDERTAKER: John F Denny — ADDRESS: 715 Lex

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06001 E 06001

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH
CITY OF BALTIMORE: (NO. 1522 Battery Ave ST. 24-2 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H Lowe

(a) RESIDENCE NO. 1522 Battery Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ENTRIES should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Lowe

6 DATE OF BIRTH (month, day, and year): June 1 1854

7 AGE: Years 71 Months 7 Days 1 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Balto Drydock

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Thomas Lowe
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Mahon
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Thos. Lowe
(Address): 1522 Battery Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1.20 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 18 1925 to Jany 20 1926.
that I last saw h.. alive on Jany 20 1926
and that death occurred, on the date stated above, at 930 a m.
The CAUSE OF DEATH* was as follows:

Chronic Valv Heart Dis (duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) L.T. Burlington, M. D.
1.20 1926 (Address) 1026 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn
DATE OF BURIAL: 23 1926

20 UNDERTAKER: W. M. Cook
ADDRESS: E Monument

Spec.—1-10-21—M&T—1500 Bks.

Bernard
303 O'Donnell

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06002

REGISTERED NO. E 06002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 814 South Dicker St., (Ward) 1-4

2-FULL NAME Katherine Nordt

(a) RESIDENCE NO. 814 South Dicker St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of John H. Nordt

6 DATE OF BIRTH (month, day, and year) March 10 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	79	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bavaria Germany

PARENTS

10 NAME OF FATHER George Ghan

11 BIRTHPLACE OF ~~FATHER~~ (city or town) (State or country) Bavaria

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bavaria

14 Informant (Address) John H. Nordt 814 South Dicker

15 Filed ... 19 ... Registrar

JAN 21 1926 ROBERT R. KRAUTER, Health Officer Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 20 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 1926 to Jan 20 1926,

that I last saw her alive on Jan 19 1926

and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) Chr. arterio-sclerosis

(duration) several yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) M. J. Davidson, M. D.

, 19 (Address) 3035 - O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan 22 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Wall

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

St Paul 22nd St.

Spec.—1-10-21—M&T—1500 Bks.

E 06003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06003

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2044 N Washington ST., 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Knefely

(a) RESIDENCE NO. 2044 N Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Knefely.

6 DATE OF BIRTH (month, day, and year) Aug 31 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Thomas H Knefely

(Address) 2021 St Clair Lane

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 19, 1926, that I last saw h[illegible] alive on Jan 19, 1926 and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Myocardial disease

(duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Walton M. D.

Jan 20, 1926 (Address) 712 St Paul St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Jan 23 19

20 UNDERTAKER William Sol6

ADDRESS 502 E Mad

ROBERT R. KRAUTER, REGISTRAR

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06004 — 24 E 06004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 607 W Cross ST. 21-3 WARD)

2-FULL NAME Susanna Wood

(a) RESIDENCE NO. 607 W Cross ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state mation should be properly classified. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J Wood

6 DATE OF BIRTH (month, day, and year) July 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	78	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (City or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William J Wood 2d (Address) 607 W. Cross St

15 Filed ..... 19 ..... Registrar

ROBERT R. KRAUTER, Burial Permit Clerk

JAN 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1926, to Jan 20, 1926, that I last saw h.er alive on Jan 19, 1926, and that death occurred, on the date stated above, at 1.40 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. ..... mos. 17 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J M Driscoll M. D.

Jan 21 1926 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Jan 23 1926

20 UNDERTAKER William Cook — ADDRESS 502 Park Ave.

Spec.—1-10-21—M&T—1500 Bks.

Boeckner ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06005 | 31 | E 06005

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Gen Hosp. ST. 11-2 WARD)

2-FULL NAME Edgar Boeckner

(a) RESIDENCE NO. 25 W Chase St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Edgar Boeckner

6 DATE OF BIRTH (month, day, and year) Aug 26, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper 008

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Edward Boeckner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Katherine Sidebottom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Edgar Boeckner
(Address) 25 W Chase

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14-26 19

17 I HEREBY CERTIFY, That I attended deceased from 1-14-26, 19... to 1-14-26, 19...
that I last saw him alive on 1-14-26, 19...
and that death occurred, on the date stated above, at 7.25 p. m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis
Cystitis

(duration) ..... yrs. ? mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion
(duration) ..... yrs. ..... mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Jno A Tompkins, M. D.

19 (Address) Mt Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 27 1926

20 UNDERTAKER	ADDRESS
Josiah Seyfert	1600 W North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

06006 06006

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. Univ Hospital St., 22-30 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian Lohn

(Residence in Baltimore: No. 2518 Hollins St. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX M

4-COLOR OR RACE, W

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (Write the word.) Married

6-DATE OF BIRTH: June (Month) 28 (Day) 1880 (Year)

7-AGE, 45 yrs. 6 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Liquor Merchant (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER Louis Lohn

11-BIRTHPLACE OF FATHER, (State or Country) Germany.

12-MAIDEN NAME OF MOTHER Louise Rayburn.

13-BIRTHPLACE OF MOTHER, (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth C. Fenster

(Address) 2518 Hollins St

15-

Filed ..... 192.... Registrar.

JAN 21 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 18 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) yrs. mos. ds.

(Signed) ... M. D. (Coroner)

192.... (Address) 1430 N. Fulton Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, Jan 22nd 1926

20-UNDERTAKER, Geo L. Schwab ADDRESS 2101 Frederick Ave

Spec.—1-10-21—M&T—1500 Bks.

E 06007

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 06007

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3733 Fleet St. ST. 26-5 WARD)

2-FULL NAME Theresa Isabella Gregor.

(a) RESIDENCE NO. 3733 Fleet St. ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 27- 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
		11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Gregor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Barmichel

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant John Gregor. (Address) 3733 Fleet St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from January 6, 1926, to Jany 19, 1926, that I last saw h[illegible] alive on Jany 18, 1926, and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute Catarrhal Bronchitis

(duration) yrs. mos. 12 ds.

18 Where was disease contracted ✓ if not at place of death?

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) Calet V. Athey M. D.

Jan 20 1926 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Jan. 21st 1926
20 UNDERTAKER	ADDRESS
Tilly & Filer	403 S. Wolfe St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06008

CERTIFICATE OF DEATH.

90 E 06008

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3337 Hudson St. ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Reuter.

(a) RESIDENCE NO. 3337 Hudson St. ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Casper Reuter.

6 DATE OF BIRTH (month, day, and year) Dec. 23 - 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Nicholas Mueller.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Theresa Wolf.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Theresa Reuter. (Address) 3337 Hudson St.

15 Filed ..... 19 ..... Registrar

JAN 21 1926 ROBERT R. KRAUTER, Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1926.

17 I HEREBY CERTIFY, That I attended deceased from Janu 16, 1926, to Janu 19, 1926.

that I last saw h[illegible] alive on Janu 18, 1926,

and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Break in Compensation

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Colet W. Bliss M. D.

Jan 20, 1926 (Address) 605. 8 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL Jan. 23 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06009

CERTIFICATE OF DEATH.

N 2-002

N E 06009

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Fleet St. ST., 26-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob F. Stacker,

(a) RESIDENCE NO. 3303 Fleet St ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Stacker.

6 DATE OF BIRTH (month, day, and year) April 20-1864

7 AGE: Years 61 | Months 8 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: John Stacker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Aaron Burger.

(Address) 3303 Wasker.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/15, 19 ..., to 1/19, 1926, that I last saw him alive on 1/19/26, 19 ..., and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Hepatic cerhosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Geo. E. Garrell M. D.

1/20 1926 (Address) 633-5-34

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: Jan. 22 1926

20 UNDERTAKER: Tilly & Zeile ADDRESS: 403 S. Wolfe St

Spec.—1-10 21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

06010 — 1-5 — 11-002 — E 06010

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Fleet St. ST., 26 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Margaret A. Wacker.

(a) RESIDENCE No. 3303 Fleet St. ST., 26 WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob F. Wacker.

6 DATE OF BIRTH (month, day, and year) Nov. 8 - 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	2	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS
10 NAME OF FATHER George Utz
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Margaret Dutz
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna M. Wacker. (Daughter)
(Address) 3303 Fleet St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/16/26, 19 ....., to 1/18/26, 19 ....., that I last saw her alive on 1/17, 1926, and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. C. Garrell M. D.

1/20/26 (Address) 633-5-34

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Jan. 22 1926

20 UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe St

JAN 21 1926 Burial Permit Issued

Spec.—1-10-21—M&T—1500 Bks.

06011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

06011

90

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 S. East Ave. ST., 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emelia Hansen

(a) RESIDENCE NO. 205 S. East Ave. ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Hansen M. D.

6 DATE OF BIRTH (month, day, and year) Sept 14-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Franz Trentenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank Hansen

(Address) 205 S. East Ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926, to Jan 20, 1926, that I last saw her alive on Jan 19, 1926, and that death occurred, on the date stated above, at 12.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Insufficiency

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Nephritis.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Coburg Schneider, M. D.

1/21, 1926 (Address) 1964 Rosemary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Jan. 24 1926

20 UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe St.

JAN 21 1926

ROBERT R. KRAUSER
Health Commissioner

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06012 + 88 E 06012

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., 4-1 WARD)

2-FULL NAME Charles Stewart.

(a) RESIDENCE NO. 273-Main St. ST., ... WARD Newark, Del.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred X yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 7, 1900.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	25	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mail carrier.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Newark, Del.

PARENTS

10 NAME OF FATHER Charles Stewart.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware.

12 MAIDEN NAME OF MOTHER Margaret Morrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant (Address) Sister- Newark, Del.

15 Filed ..... , 19 ..... Registrar

JAN 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan, 20, 19 26

17

I HEREBY CERTIFY, That I attended deceased from Jan 14, , 19 26, to Jan, 20, , 19 26.

that I last saw him alive on Jan 19, , 19 26,

and that death occurred, on the date stated above, at 8.10 a. m.

The CAUSE OF DEATH* was as follows:

Subacute Bacterial Endocarditis.

(duration) 3? yrs. - mos - ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Newark, Del.

Did an operation precede death? No Date of -

Was there an autopsy? Yes.

What test confirmed diagnosis? Sty. Viridans - Bl. Cultures.

(Signed) Leo F. Brown, ... M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newark Del

DATE OF BURIAL Jan 21 19 26

20 UNDERTAKER Harry E Witzke 153

ADDRESS 20 Lombard St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06013

CERTIFICATE OF DEATH.

129

E 06013

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6 E. Spring ave (ST.) (WARD) 26-A

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia C. Bradley

(a) RESIDENCE NO. 6 E. Spring ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Male~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of the Wilson E. Bradley

6 DATE OF BIRTH (month, day, and year) Sept 22/72

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Chas. J. Kraft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary R.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Edward T. Bradley

(Address) 6 E. Spring ave

15 Filed ..... 19 .....

JAN 21 1926 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1926 to Jan 18, 1926

that I last saw her alive on Jan 18, 1926

and that death occurred, on the date stated above, at 9-20 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

& Oedema of Lungs 6 ds.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert Webster, M. D.

, 19 (Address) 7031 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 1/21 1926

20 UNDERTAKER Philip Herrig — ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 06014

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-002

E 06014

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 N. Pat. Pk. Ave. (St.) 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa E. Krebs

(a) RESIDENCE NO. 404 N. Pat. Pk. Ave. St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 6 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: late Michael Krebs

6 DATE OF BIRTH (month, day, and year): July 3/46

7 AGE — Years: 79 Months: 6 Days: 16 If LESS than 1 day, ...hrs. or .. min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John E. Krebs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Dorotha —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant: John V. Krebs

(Address): Hendrix & Thames

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/19 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15— , 1926 , to Jan 19— , 1926 ,

that I last saw h alive on Jan 19 , 1926

and that death occurred, on the date stated above, at 8-15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis - Cystitis -

(duration) 10 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cardiac Failure —

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) [illegible], M. D.

, 19 (Address) 125 [illegible] —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel

DATE OF BURIAL: 1/22 1926

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Aisquith St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

ROBERT E. KRAUS

JAN 27 1926 Burial Permit Clerk.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06015 CERTIFICATE OF DEATH. 161-001 E 06015

1-PLACE OF DEATH University Hospital Registered No.

City of BALTIMORE: (No. Lombard & Greene St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Bond

(a) Residence No. 912 W. Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 hrs. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 19, 1926

7-AGE. ....yrs....mos....ds. If LESS than 1 day, 10 hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer). do

(c) Name of employer. Baltimore

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Lawrence Booze

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Anna Margaret Bond

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Havre de Grace Md.

14- (Informant) Anna Margaret Bond

(Address) 912 W. Lexington St.

15- Filed JAN 21 1926 19?? ROBERT R. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 20, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1926 to Jan 20 1926, that I last saw h.[illegible] alive on Jan 20 1926, and that death occurred, on the date stated above, at 12[30] A.m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) yrs. mos. 10 hrs

CONTRIBUTORY (Secondary) Prematurity

(Duration) yrs. mos. 10 hrs

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

Jan 20, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL, ..., 19....

20-UNDERTAKER. [illegible] Baker Realty ADDRESS JAN 21 1926

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Sut.

E 06016

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 001 E 06016

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2121 Eastern (ST.) (1-1) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Seet

(a) RESIDENCE NO. 2121 Eastern ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5 25

7 AGE: Years — Months 6 — Days ~~12~~ — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Francis Seet

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Reines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Reines

(Address) 2121 Eastern Ave.

15 Filed ..., 19... Registrar

ROBERT R. STRAUSS

JUN 2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from 1/14, 1926, to 1/20, 1926, that I last saw h[illegible] alive on 1/20, 1926, and that death occurred, on the date stated above, at 3.3 0 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchitis acute

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms Signs

(Signed) Samuel Strauss, M. D.

, 19 (Address) 2125 Pitts Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus — DATE OF BURIAL: 1/23 1926

20 UNDERTAKER: Wm Galkowski — ADDRESS: 168 Eastern ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06017 — 57 — E 06017

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 S Kenwood av ST. 17 WARD)

2-FULL NAME Minnie Ford

(a) RESIDENCE NO. 1011 S Kenwood av ST., 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 74 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Ford 1849

6 DATE OF BIRTH (month, day, and year) Oct 16 1849

7 AGE 76 Years 3 Months 4 Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS
10 NAME OF FATHER: Henry Schaefer
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: —
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: James C Wolff
(Address) 1011 S Kenwood av.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926, to Jan 20, 1926,
that I last saw h[illegible] alive on Jan 19, 1926,
and that death occurred, on the date stated above, at 4 a. m.
The CAUSE OF DEATH* was as follows:

Diabetis Mellatus

Unknown (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Observation & Urine Test
(Signed) Horace B Litlow, M. D.
1/21, 1926 (Address) 310 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Ce — DATE OF BURIAL: Jan 22 1926

20 UNDERTAKER: Louis Heermann — ADDRESS: 32 S Broad

Burial Permit Clerk.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06018 — 94001 ✓ — E 06018

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 S. Paca St. 21-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eberhard. Tripp

(a) RESIDENCE No. 823 S. Paca ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Rosa M Tripp

6 DATE OF BIRTH (month, day, and year) Sept 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker 803

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Walter
(Address) 823 S Paca st

15 Filed ..... 19 ..... Registrar

ROBERT R. KRAUTER
JAN 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19. 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-9, 1926, to 1-19, 1926.

that I last saw him alive on 1-19, 1926

and that death occurred, on the date stated above, at 5 50 m.

The CAUSE OF DEATH*. was as follows:

Cerebral Hemorrhage

(duration) ... yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. / mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Raphael Isaac, M. D.

, 19 (Address) 1727 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery.

DATE OF BURIAL Jan 23 1926

20 UNDERTAKER Robt. T. Turner Inc.

ADDRESS 1442 N. Broadway.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06019 31 E 06019

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1428 Jackson St. (WARD) 21-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanley H. Williams

(a) RESIDENCE NO. 1428 Jackson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Loretta S. Williams

6 DATE OF BIRTH (month, day, and year): July 9 1892

7 AGE: Years 34; Months 6; Days 11; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: asst supt.

(a) Trade, profession or particular kind of work: Shirt Burners 086

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Portsmouth Va

PARENTS

10 NAME OF FATHER: Edmd Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dont know

12 MAIDEN NAME OF MOTHER: Priscilla Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont know

14 Informant: Loretta S. Williams

(Address): 1428 Jackson St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1.20. 1926

17

I HEREBY CERTIFY, That I attended deceased from 6.28.22, 19, to 1.19.26, 19,

that I last saw h in alive on 1.19.26, 19,

and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no!

What test confirmed diagnosis? Microscopic

(Signed) Philip B. Fowler, M. D.

1.20.26, 19 (Address) 1432 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Shelley Sec

DATE OF BURIAL: July 23 1926

20 UNDERTAKER: Robt J Turner

ADDRESS: W. Pratt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06020 06020

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH St Joseph's Hospital.

CITY OF BALTIMORE: (No. Caroline & Oliver St., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William h. Casey

(a) RESIDENCE No. 1327. N. Central ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should report CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married-

5a If married, widowed, or divorced HUSBAND of Florence Casey

6 DATE OF BIRTH (month, day, and year) aug 3-1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43		5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Jas. F. Casey

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Annie Gleeson

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Jas. F. Casey

(Address) 1327 N Centralave

15 Filed JAN 21 1926, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1925, to Jan. 19, 1926,

that I last saw him alive on Jan. 19, 1926,

and that death occurred, on the date stated above, at 1:35 P m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach-

(duration) 1 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? none Date of —

Was there an autopsy? none

What test confirmed diagnosis? clinical-

(Signed) H. R. McConnell M. D.

, 19 (Address) St Josephs Hospital—

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenbatheal Con	1/22 1926
20 UNDERTAKER J. A. Moran	ADDRESS 3220 E Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 06021

J. William

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06021

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 75-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr J. W. Troy

(a) RESIDENCE NO. Decatur, Alabama ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Sophia B. Troy

6 DATE OF BIRTH (month, day, and year) Nov 20 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	✓	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Michegan

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mr. J. W. Troy

(Address) Decatur Alabama

15 Filed ....., 19.. Robert F. Harrison, Registrar

JAN 21 1926

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21st 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 11th, 1926, to Jan 21st, 1926, that I last saw him alive on Jan 20th, 1926, and that death occurred, on the date stated above, at 4.15 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Generalized Osteosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 13th.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Examination

(Signed) L.C. Cohn, M. D.

, 19 (Address) 904 N. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DECATOR, ALABAMA

DATE OF BURIAL JAN 24 1926

20 UNDERTAKER ROBERT BROOKS & SON

ADDRESS Cor Calhoun Holland Sts

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06022

CERTIFICATE OF DEATH.

154 E 06022

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 ST. 14-1 WARD)

2-FULL NAME St Vincents Infant Asylum
Rosalie Walker

(a) RESIDENCE NO. St Vincents Infant Asylum WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Oct 17, 1925

7 AGE: Years — Months 3 — Days 4 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: Rosalie Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Albert Joffe MD
(Address) 2025 E Fairmount Ave

15 Filed . 19 Registrar

JAN 21 1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1926 to Jan 21, 1926.

that I last saw h[illegible] alive on Jan 20, 1926,

and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Acute circulatory failure

(duration) yrs. mos one ds.

CONTRIBUTORY (Secondary)

Congenital cardiac disease (duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? Born + St. V. I. A.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Albert Joffe M. D.

, 19 (Address) 2025 E. Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Jan 22 1926

20 UNDERTAKER: Marton Fahey — ADDRESS 1727 E Monument Ave

Spec.—1-10-21—M&T—1500 Bks.

E 06023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06023

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 4 REGISTERED NO. .....

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Dixon

(a) RESIDENCE NO. 337 S. Payson ST., City WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 17. 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machine operator in Button factory

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Isaac. S. Dixon

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Kath. Kugler

13 BIRTHPLACE OF MOTHER (city or town) Balto Co. (State or country)

14 Informant Brother (Lester Dixon)

(Address) 337 S Payson St

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-19 , 1926, to 1-20 , 1926

that I last saw him alive on 1-20 , 1926

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

LOBAR PNEUMONIA

EMPYEMA

PERICARDITIS & Effusion

(duration) ... yrs. ... mos 14 ds.

CONTRIBUTORY (Secondary) Cardiac-Respiratory Failure

(duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1-19-26

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Samuel Glick, M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL Jan 23 1926

20 UNDERTAKER Harry T. Weitzke — ADDRESS 1521 N. Fremont Ave

JAN 21 1926 Robert P. Harrison, Registrar Bureau Vital Statistics

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06024

90 E 06024

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes. Hospital

CITY OF BALTIMORE: (No. 1 John St. ST. (or W.) WARD) 14-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. J. Killealea.

(a) RESIDENCE NO. 30 S. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1875

7 AGE	Years	Months	Days	If LESS than 1 day.... hrs. or min.
51 50				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None at present

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sister - Agnes Killalea (Address) 30 S. Fulton Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20 1926

17

I HEREBY CERTIFY, That I attended deceased from 1-13, 1926. to 1-20, 1926.

that I last saw him alive on 1-19, 1926,

and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Art. Sclerosis.

Myocarditis

Hypotension

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Hyperstatic Pneumo.

(duration) yrs. mos. 2. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Francis A. Ellis, M. D.

, 19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Jan 22 1926

20 UNDERTAKER Harry K. Witzke — ADDRESS 331 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NATION should be carefully supplied. Also name of

N 21 1926 Agnes F. Garrison

(Ezequiel Suarez)

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06025 31 E 06025

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 E. Twenty first St. WARD 9)

2-FULL NAME Ezequiel Suarez

(a) RESIDENCE NO. 1632 E Twenty first ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, ~~or Divorced~~, (write the word)
Male	White	Sing

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 16 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer 63

(b) General nature of industry, business, or establishment in which employed (or employer) Wampaen & Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Spain

PARENTS

10 NAME OF FATHER Joseph M Suarez

11 BIRTHPLACE OF FATHER (city or town) (State or country) Spain

12 MAIDEN NAME OF MOTHER Consuelo Martinez

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Spain

14 Informant (Address) Joseph M Suarez 1632 E Twenty first st

15 Filed ..... 19 ..... Registrar

JAN 21 1926 Robert F. Bartlett, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 20 1926

17 I HEREBY CERTIFY, That I attended deceased from OCT 7, 1925, to JAN 20 1926.

that I last saw h[illegible] alive on JAN 20 1926, 19

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from lungs and general toxemia following pulmonary tuberculosis

(duration) 1 yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis (duration) 1 yrs. 2 mos. 7 ds.

18 Where was disease contracted if not at place of death? Did he Contract?

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? Sputum exam

(Signed) J. H. Decker M. D.

19 (Address) 428 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cemetery	Jan. 22 1926

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave.

N. B.—WRITE LEGIBLY. PHYSICIANS SHOULD BE CAREFUL IN STATING DATE OF DEATH. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be careful in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06026

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 06026

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Tyler ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Witts

(a) RESIDENCE NO. 4 Tyler ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 30 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER George T. Witts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER May Hubbard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant May Hubbard Witts (Address) 4 Tyler St

15 Filed ..... 19 ..... Registrar

Robert F. Harrison,

JAN 21 1926 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1926. to Jan 21 1926.

that I last saw h[illegible] alive on Jan 21 1926

and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 4 Tyler St.

Did an operation precede death? No Date of

Was there an autopsy? No Physical Evidence

What test confirmed diagnosis?

(Signed) Geo B. Egbert, M. D.

, 19 (Address) 2802 Harford ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 1/22/26. 19

20 UNDERTAKER George J. Pulls — ADDRESS 1735 Harford Ave

Geo. J.

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06027 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06027

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 W. Fayette ST., 18-2 WARD)

2-FULL NAME Ada M. Eslin

(a) RESIDENCE NO. 1033 W. Fayette ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm L. Eslin

6 DATE OF BIRTH (month, day, and year) 4/7/40

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hsw

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Ida Baer
(Address) 728 N Carey

15 Filed ..., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/20/1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1920 to 1/20/1926.

that I last saw h alive on 1/20/26, 19..

and that death occurred, on the date stated above, at 5 30 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

History (duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard Finn M. D.

1/21/1926 (Address) 910 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem DATE OF BURIAL Jan 22 1926

20 UNDERTAKER George J Smith ADDRESS 159 Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 21 1926 Robert P. Harrison, Health Commissioner

E 06028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06028

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 16-3 90 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Caroline Truitt

(Residence in Baltimore: No. 2642 Edmondson Ave St.; 50 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, Unknown 1..... (Month) (Day) (Year)

7-AGE. About 60 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Chas. Belt Co. Mfg.

9-BIRTHPLACE, (State or Country) Chas. Belt Co

PARENTS.

10-NAME OF FATHER, Henry Truitt

11-BIRTHPLACE OF FATHER, (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Caroline Waller

13-BIRTHPLACE OF MOTHER, (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Esther V Truitt

(Address) 2732 Pennsdale Rd

15-

Filed..... 192.....

Robert P. Harrison, Registrar.

N 21 1926

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 19 192 6 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) H. A. Stadt M. D. (Coroner.)

Jan 21 192 (Address) 143 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Chas. Belt Co

DATE OF BURIAL. Jan 22 192 6

20-UNDERTAKER. W. J. Jenkins Son

ADDRESS Lutherville

N. B.—Every item of information should be carefully supplied. A correct state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 06029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06029

CERTIFICATE OF DEATH.

1893

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Univ. Hosp. St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... John H. Hahn.

(Residence in Baltimore: No. 1300 W. Lombard St.; 45 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 11 1847
(Month) (Day) (Year)

7-AGE, 78 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 073
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Car Builder B+O

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frederick Hahn

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha J. Hahn

(Address) 1300 W. Lombard St.

15-

Filed ..... 192.....

Robert P. Harrison, Registrar.

JAN 21 1926 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto Accident

Fracture of Skull

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) H. G. Blade M. D.

Jan 21 192.... (Coroner) (Address) 413 N. Gay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Jan 22nd 1926

20-UNDERTAKER,	ADDRESS
Harry A. Wolfe	1531 Madison

N. B.—Every item of information should be given, so that it may be properly classified. Exact statement of OCCUPATION state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. is very important.

STATE OF MARYLAND
CERTIFICATE OF DEATH

E 06030 — Registered No. 06030

100-001 3-1

[1] PLACE OF DEATH

County .....

Village or City Baltimore Md (No. 40 S. Albemarle St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Marie Frord (In City)

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX	[4] COLOR OR RACE	[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	

[6] DATE OF BIRTH May 27 1924 (Month) (Day) (Year)

[7] AGE 1 yrs. 8 mos. 24 ds. — If LESS than 1 day, ... hrs. OR ..... min. ?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

[9] BIRTHPLACE (State or country) Maryland

PARENTS

[10] NAME OF FATHER Emilio Frord

[11] BIRTHPLACE OF FATHER (State or country) Italy

[12] MAIDEN NAME OF MOTHER Alexidrina Testi

[13] BIRTHPLACE OF MOTHER (State or country) Italy

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant Carmelia Ford

(Address) 40 S. Albemarle St

[15] Filed ..... 191.. Registrar .....

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Jan. 21, 1926 (Month) (Day) (Year)

[17] I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926 to Jan. 21, 1926 that I last saw h[e] alive on Jan. 20, 1926 and that death occurred on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Pressman, M. D.

Jan. 21, 1926 (Address) 5-14 Drury Lane

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	1/23, 1926
[20] UNDERTAKER James A Jones	ADDRESS 125 N. Paca St

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 06031 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 E 06031

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 231 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Holtman

(a) RESIDENCE No. 211 W. West Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 086

(b) General nature of industry, business, or establishment in which employed (or employer) Musician

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Julius Holtman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Ebert,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Baltimore City Hospitals, Baltimore, Md.

15 Filed JAN 22 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21, 19 26

17

I HEREBY CERTIFY, That I attended deceased from July 24, 19 25 to Jan 21, - 19 26.

that I last saw h or alive on January 21, 19 26

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Dementia Praecox with Deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Harry Goldcorn M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Jan 23 19 26

20 UNDERTAKER Margaret J. Flynn ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06032 — 74-001 — E 06032

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 1711 W. Mosher St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Carrie Samuson.....

(Residence in Baltimore: No. 1711 W. Mosher St. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	colored	married

6-DATE OF BIRTH. About 1858
(Month) (Day) (Year)

7-AGE, 66 yrs. ..... mos. ..... ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Samuson

(Address) 1711 Mosher St.

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19 26
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hamilton M. D.
(Coroner.)

Jan. 22 1926 (Address) 22 E. Lanvale St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	Jan. 22 1926

20-UNDERTAKER	ADDRESS
Wm. H. Chase & Son	1100 Mosher

JAN 22 1926 ROBERT R. KRAUTER Registrar

N. B. Every item of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

06033

HEALTH DEPARTMENT—CITY OF BALTIMORE

06033

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3511 E. Fayette ST. 76-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis F. Weitzel

(a) RESIDENCE No. 3511 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 14-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Lester R. Weitzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna Glover

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Anna Weitzel

(Address) 3511 E. Fayette St.

15 Filed ..., 19 ... Registrar

ROBERT R. KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 20, 1926,

that I last saw h[e] alive on Jan 20, 1926,

and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Maynard L. Mazar M. D.

1/21, 19 26 (Address) 2612 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Jan 22 1926

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. THOROUGH information CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

B 06034 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 17 B 06034

1-PLACE OF DEATH Mercy Hospital 7-12 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward F. Bennett,

(a) RESIDENCE NO. 22 Batavia Av. ST., Hamilton WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 30 = 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Carpet

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Henry Bennett

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Eliza Cloud

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Elmer Bennett
(Address) 22 Batavia av

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17- 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-10- , 1926 , to 1-19- , 1926 ,

that I last saw h[illegible] alive on 1-19- , 1926 ,

and that death occurred, on the date stated above, at 11 7m P. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis. —

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) P. D. Shock.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Cholecystostomy for removing gall bladder Date of 1-14-26

Was there an autopsy? no

What test confirmed diagnosis? clinical & pathological

(Signed) H. F. Bonyard, M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 20 1926

20 UNDERTAKER John J. Fields — ADDRESS 1200 W. Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 22 1926 ROBERT R. KRAMER REGISTRAR

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06035

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06035

89

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2005 W Balto St., 20-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Chas. A. Lochbuehler

(a) Residence No. 2005 W Balto St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Cath. Lochbuehler

6-DATE OF BIRTH (month, day and year) Jany 4 1870

7-AGE, 56 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED Asst Commissary

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) B[illegible] P.D. 073

(c) Name of employer.....

9-BIRTHPLACE (city or town) St Louis Mo (State or Country),

PARENTS.

10-NAME OF FATHER, Daniel Lochbuehler

11-BIRTHPLACE OF FATHER (city or town) Germany (State or Country),

12-MAIDEN NAME OF MOTHER, Teresa Eichhorn

13-BIRTHPLACE OF MOTHER (city or town) Germany (State or Country),

14- (Informant) Mrs Cath Lochbuehler

(Address) 2005 W Balto St

15-

Filed..... 19.. ROBERT P. KRAMER

JAN 22 1926 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jany 20 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Jany 20, 1926, that I last saw h[illegible] alive on Jany 20, 1926, and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectoris

(Duration) yrs. mos. 1 mon ds.

CONTRIBUTORY (Secondary) Fatty Degeneration of Heart

(Duration) / yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) M A [illegible] M. D.

1/21, 1926 (Address) 108 N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
New Cathedral	Jan 25, 1926

20-UNDERTAKER	ADDRESS
John J Fields 1200 W	Lombard St

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 06036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06036

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 424 Poplar Grove St. 21-3 Ward)

Registered No. 1-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Aneta Sunderland

(a) Residence No. 424 Poplar Grove St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept 28 24

7-AGE 1 year 3 mos 22 days

18 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. —

(b) General nature of industry, business, or establishment in which employed (or employer). Wife

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. John Sunderland

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary A Otto

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Wm Sunderland

(Address) 424 Poplar Grove St

15- Filed 1926 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-20-26

17- I HEREBY CERTIFY, That I attended deceased from 1-20-, 1926 to 1-20, 1926

that I last saw her alive on 1-20, 1926

and that death occurred, on the date stated above, at 1 OP m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Grip

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan 22, 1926

20-UNDERTAKER. John J Fields — ADDRESS 1200 W Fayette

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06037

CERTIFICATE OF DEATH.

31 E 06037

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2079 Y Amity St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen A House

(a) Residence No. 207 N Amity St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Child

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6-DATE OF BIRTH (month, day and year) Dec 13 1912

7-AGE, 13 yrs. 1 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) ooo

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James H House

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Beatrice Baehler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Beatrice House

(Address) 207 N Amity St

15-

Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 19-26

17- I HEREBY CERTIFY, That I attended deceased from Dec 22, 1925 to Jan 19, 1926, that I last saw h[illegible] alive on Jan 19, 1926 and that death occurred, on the date stated above, at 4.10 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Ct. Place Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) John C Stewart, M. D.

, 19 (Address) 704 N Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL, Jan ....., 19....

20-UNDERTAKER, John H Soader

ADDRESS 1027 Hundredth Ave

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06038 E 06038

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 912 Belair Road. (ST.) 27-12 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Marsiglia

(a) RESIDENCE No. 912 Belair Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Marsiglia

6 DATE OF BIRTH (month, day, and year) May 26 1889.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36.	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit dealer

(b) General nature of industry, business, or establishment in which employed (or employer) None of S

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER John Marsiglia

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosie Jardinia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mary Marsiglia

(Address) 912 Belair Rd,

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 4. 1925. to Jan 21. 1926.

that I last saw h[illegible] alive on Jan 20. 1926.

and that death occurred, on the date stated above, at 12.10 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary Chronic active all lobes both lungs.

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

. (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray, Th

(Signed) C. H. Poulton, M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Jan 25 1926

20 UNDERTAKER W M Routson

ADDRESS 2208 W Mtt

mation should be carefully supplied. Keep blanks for CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06039 — 167-002 — E 06039

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 N. Fremont ST. 15-13 WARD)

2-FULL NAME Baby Hill

(a) RESIDENCE NO. 1716 N. Fremont ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 4 hrs & 5 Iowa (If non-resident give city or town and State) yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single.

5a If married, widowed, or divorced HUSBAND) of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 20 1926

7 AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or 20 min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country) 1716 N. Fremont St.

PARENTS

10 NAME OF FATHER Herbert Hill

11 BIRTHPLACE OF FATHER (city or town) Baltimore,
(State or country) Md.

12 MAIDEN NAME OF MOTHER Jantha Billingsley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore,
(State or country) Md.

14 Informant C. R. Wilcox, Asst Obstetrician
(Address) 1702 Westwood Ave. Balto.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from 1-20-, 1926, to 1-20, 1926,

that I last saw her alive on Jan. 20, 1926,

and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

1. Central hemorrhage.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) S. R. Parsons, M. D.

1-20. 1926 (Address) 1702 Westwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cem.	Jan. 22 1926
20 UNDERTAKER	ADDRESS
adolphus Halsted	904 N. Eutaw St

JAN 22 1926

Cor.—1-12-23—M&T—100 Bks.

B 06040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 06040

REGISTERED NO. 89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 S Regester ST. 2-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Foxwell

(a) RESIDENCE NO. 304 S Regester ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Foxwell

6 DATE OF BIRTH (month, day, and year) Jan 13/1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44		6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stableman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Owner, Self

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Charles Foxwell

11 BIRTHPLACE OF FATHER (city or town) Balto City
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Grayson

13 BIRTHPLACE OF MOTHER (city or town) Balto City
(State or country)

14 Informant John Foxwell
(Address) 324 S Regester

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) James M Fulton, M. D.
(Coroner.)

Jan 14, 1926 (Address) 700 Cherry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery — DATE OF BURIAL Jan 22nd 1926

20 UNDERTAKER Lilly & Zeiler — ADDRESS 422 N. Howard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE OF BURIAL must be given.

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 06041

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 - 001

E 06041

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Hospital 2-2

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD)

2-FULL NAME Joseph Gago Gonzales

(a) RESIDENCE (NO. 1702 Lancaster St. ST. 2 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. City mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Spanish 2th	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 12, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Works

(c) Name of employer Bethlehem Steel Corp. Spanish Comp. Bid

9 BIRTHPLACE (city or town) (State or country) Corona Spain

PARENTS

10 NAME OF FATHER Joseph Gago

11 BIRTHPLACE OF FATHER (city or town) (State or country) Corona Spain

12 MAIDEN NAME OF MOTHER Gonzales

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Corona Spain

14 Informant Frank Moya
(Address) 1702 Lancaster St.

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 17, 19 26, to Jan. 20, 19 26,

that I last saw h. / m alive on Jan. 20, 19 26,

and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Empyema (Rt side)
Pulmonary Edema (Left)

(From history) (duration) yrs. ..... mos 18 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Jan. 18, 26

Was there an autopsy? No Thoracostomy

What test confirmed diagnosis? —

(Signed) Geo. D. Galatay, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL Jan 23rd 1926

20 UNDERTAKER Lilly & Sons

ADDRESS 1038 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06042

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06042

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 E Grindall St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence H. Puller

(a) RESIDENCE NO. 409 E Grindall St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 17 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	1		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas B. Puller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary E. Comabrough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Mary E. Puller
(Address) 409 E. Grindall

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926 to Jan 22 1926

that I last saw h alive on Jan 22, 1926

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

Dr. H. H. Campbell M. D.
(Signed)

1644 Hanover
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Jan 23 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 06043

CERTIFICATE OF DEATH.

179 B 06043

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 E Eager ST. 10-2 WARD)

2-FULL NAME Sarah Agnes Colleran

(a) RESIDENCE NO. 920 E. Eager St: ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Colleran

6 DATE OF BIRTH (month, day, and year) Dec 12, 1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 51	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Wm. Callahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Welch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Martin Colleran

(Address) 920 Eager St.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925, to Jan 20, 1926, that I last saw h[illegible] alive on Jan 20, 1926, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Chron. Interstitial Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Accident

(duration) .. yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? 920 E Eager

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

1/21, 1926 (Address) 708 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Jan 23. 1926

20 UNDERTAKER Elmer W. Conklin ADDRESS 814 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.
TION is very important

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06044 E 06044

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Braddish Ave ST. 15-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Hall

(a) RESIDENCE NO. 1713 Braddish Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widdowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver W. Hall

6 DATE OF BIRTH (month, day, and year) Jan 19th, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	77	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER James Wardell

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Sarah E. ?

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs Arthur Foster

(Address) 1713 Braddish Ave

15 Filed . 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21st, 1926

17

I HEREBY CERTIFY, That I attended deceased from January, 19 24 to Jan 21 19 26.

that I last saw h alive on Jan 20 19 26

and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

*Mitral Regurgitation

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

Wound (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. R. Arnold, M. D.

1/24 19 26 (Address) 1817 W Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan 23rd 26

20 UNDERTAKER Peterson & Love

ADDRESS 1723 W Lex

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06045 **CERTIFICATE OF DEATH.** 179 06045

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. [redacted] St., BALTIMORE CITY HOSPITALS Ward) 18-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... David Asney (Asney)

(a) Residence No. 1015 W. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1880

7-AGE. 46 ....45....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town). Unknown (State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country),

11- (Informant) Baltimore City Hospitals Records

(Address).....

15- Filed..... 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 12, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11 1926 to Jan. 12 1926 that I last saw him alive on Jan. 12 1926 and that death occurred, on the date stated above, at 12:40 A m.

The CAUSE OF DEATH* was as follows:

Chronic Hepatitis

Hypertension (History)

(Duration)..... mos..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration)..... yrs. 8 mos. 2 hrs.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

1/14 1926 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL, ... 19....
20-UNDERTAKER,	ADDRESS

THE MORGUE

Pat. Dec. 5, WESCALL

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

E 06046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 V

E 06046

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2861 W. North Ave ST. 15-9 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Vanes Lawson

(Residence in Baltimore: No. 2861 W. North Ave St.; 72 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, September 10th, 1836
(Month) (Day) (Year)

7-AGE, 89 yrs. 4 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Cincinnati Ohio

PARENTS.

10-NAME OF FATHER, Samuel Cable

11-BIRTHPLACE OF FATHER (State or Country), Sheffield England

12-MAIDEN NAME OF MOTHER Rosetta (Last Name not given)

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Evelyn V. Thalp

(Address) 2861 W. North Ave

15-

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22nd, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from about 1919, to Jan. 22nd 1926, that I saw her alive on January 22nd 1926, and that death occurred, on the date stated above, at 3.40 m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) about 8 hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(Duration) about 5 yrs. mos. ds.

(Signed) J. Carey Lawson M. D.

Jan. 23rd, 1926 (Address) 1 W. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druimmont Cem	1/23, 1926
20-UNDERTAKER	**ADDRESS**
J. Fen McCully	130 E. Fort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06047

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 06047

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1737 Hanovers St., 232 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M Amey

(a) Residence No. 1737 Hanovers St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female.	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. E. Amey

6-DATE OF BIRTH (month, day and year) June 14-1851

7-AGE.	If LESS than 1 day,
74 yrs. 7 mos. 5 ds.	hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None. 87

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Conrad Dietz

11-BIRTHPLACE OF FATHER (city or town) Germany (State or Country),

12-MAIDEN NAME OF MOTHER, Marg. Gimbel.

13-BIRTHPLACE OF MOTHER (city or town) Germany (State or Country),

14-

(Informant) John Amey

(Address) 1706 Hanovers st.

15-

Filed 192

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-19-1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to Jan 19 1926

that I last saw h alive on Jan 19 1926

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Required

(Signed) F. Hall Bruce M. D.

1-21 1926 (Address) 1706 Eutaw pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt Olivet Cem	1/23 1926
20-UNDERTAKER.	**ADDRESS**
I. Fen McCully	130 E. Fort a

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 06048

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06048

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4328 E Eager ST.; Crangville WARD)

2-FULL NAME William J Cameron

(a) RESIDENCE. NO. 4328 E Eager ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Harriett J Cameron

6 DATE OF BIRTH (month, day, and year) Dec 2 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ry Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS
10 NAME OF FATHER James Cameron
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va
12 MAIDEN NAME OF MOTHER Mary Myers
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Harriett J Cameron
(Address) 4328 E Eager St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1926, to Jan 20th, 1926, that I last saw him alive on Jan 20th, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reamer Ford, M. D.

. 19 (Address) 470 E Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Moriah Cemetery, Parkland — DATE OF BURIAL: Jan 23 1926

20 UNDERTAKER E LeRoy Steffe — ADDRESS 125 E North ave

ROBERT HARRADEN
JAN 2 2 1926
Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

E 06049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06049

X 118-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.) 11-2 Baltimore WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Helen Jenkins.

(a) RESIDENCE NO. Rising Sun Md. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): aug 21-1901

7 AGE — Years: 24 — Months: 5 — Days: 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rising Sun Md

PARENTS

10 NAME OF FATHER: Franklin Jenkins.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rising Sun Md

12 MAIDEN NAME OF MOTHER: Alvina Nesbitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Rising Sun Md

14 Informant: Mother

(Address)

15 Filed . . 19 . . B. E. Hampson Registrar

N 2 1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 21, 1926, to Jan 22, 1926.

that I last saw her alive on Jan 22, 1926,

and that death occurred, on the date stated above, at 9:10 a.m.

The CAUSE OF DEATH* was as follows:

(Operated 3 yrs ago for ruptured appendix)

Intestinal Obstruction, due to adhesions (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Stroke and Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Jan 21-26.

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. H. Thomas, M. D.

, 19 (Address) Maryland General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rising Sun Md.

DATE OF BURIAL: Jan 26 1926

20 UNDERTAKER: B. E. Mason

ADDRESS: Oxford Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 060050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 060050

CERTIFICATE OF DEATH.

143-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 7-1 WARD)

2-FULL NAME Daisy Green (Johnson)

(a) RESIDENCE NO. 523 N. Bethel St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Green

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) " 037

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Chas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records JOHNS HOPKINS HOSPITAL
(Address)

15 Filed ..... 19 ..... Registrar

N 2 1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to Jan. 20, 1926 that I last saw her alive on Jan 20, 1926, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) pregnancy

(duration) yrs. 5 mos. 4 weeks ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) R Bell Craig, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion cemetery

DATE OF BURIAL Jan 23 1926

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06051

E 06051

CERTIFICATE OF DEATH.

10

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. D-1 WARD)

2-FULL NAME Richard Brick

(a) RESIDENCE No. 1809 E. Pratt St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Frank Brick

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Lillian Hamuck

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Frank Brick
(Address) 1809 E Pratt St

15 Filed ....., 19 .....

C. HAMPSON JONES, M. D.
RPL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to Jan 22, 1926, that I last saw him alive on Jan 22, 1926, and that death occurred, on the date stated above, at 4 00 a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubation Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Positive Lt culture

(Signed) Myron G. Quell, M. D.

1/22 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. DATE OF BURIAL Jan 23, 1926

20 UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06052

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Sq. Hospital

REGISTERED NO. 133

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Banks

(a) RESIDENCE NO. 2012 Oakington St., ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5y yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): Oct 5 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Robert H Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Borrom

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Robert Banks 2012 Oakington St

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

2 2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/18, 1926, to 1/22, 1926, that I last saw her alive on 1/22, 1926, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. ... mos 14 ds.

CONTRIBUTORY (Secondary) Empyema

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of Rib Resection 1/19/26

Was there an autopsy? ... What test confirmed diagnosis? Culture & Path

(Signed) ..... M. D.

, 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hanpden	Jan 23 1926

20 UNDERTAKER: Ehenowith Son ADDRESS 3617 Chestnut Ave

INSTRUCTIONS

Information should be entered by undertaker, physician or other person responsible for the facts. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06053

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2634 Hampden Ave WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver M. Brooke

(a) RESIDENCE No. 2634 Hampden Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes L Brooke

6 DATE OF BIRTH (month, day, and year) June 5 1862.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm H Brooke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Agnes L Brooke (Address) 2634 Hampden Ave

15 Filed , 19 RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1926

17 I HEREBY CERTIFY, That I attended deceased from August 28, 1926, to January 18, 1926, that I last saw him alive on January 18th, 1926, and that death occurred, on the date stated above, at 430 Am.

The CAUSE OF DEATH* was as follows:

[illegible]

Pernicious Anemia

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? Blood Examination

(Signed) William E. Hopkins, M. D.

, 19 (Address) 2919 Huntingdon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Jan 23 1926
20 UNDERTAKER	ADDRESS
Chenoweth & Son	3617 Chestnut St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

2 1926 C. HUMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06054 E 06054

CERTIFICATE OF DEATH.

11-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Allendale Rd St., 15-5 WARD)

2-FULL NAME William Berry Beaumont

(a) RESIDENCE NO. 2602 Allendale Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Davis Beaumont

6 DATE OF BIRTH (month, day, and year) Dec 31, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesale Com. Merch.

(b) General nature of industry, business, or establishment in which employed (or employer) 042

(c) Name of employer Davis & Davis

9 BIRTHPLACE (city or town) Balto Co. Md

(State or country)

PARENTS

10 NAME OF FATHER John D Beaumont

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Ann Steele

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Mrs Nettie D Beaumont

(Address) 2602 Allendale Rd.

15 Filed ..., 19... Registrar

C. HAMPSON JONES, M. D.

N 2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926, to Jan 20, 1926.

that I last saw him alive on Jan 20, 1926,

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Influenza, broncho pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical history

(Signed) H. E. Kanfe M. D.

(Address) 1002 W. Lanvale 1/22, 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Airy - Md. DATE OF BURIAL Jan. 23 1926

20 UNDERTAKER Wm J Pickner ADDRESS Howard Co. Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06055

HEALTH DEPARTMENT—CITY OF BALTIMORE

001 E 06055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1638 Jackson St. WARD) 24-2 101

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Conway

(a) RESIDENCE No. 1638 Jackson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie A. Conway

6 DATE OF BIRTH (month, day, and year): Feb. 11, 1878

7 AGE — Years: 47 — Months: 11 — Days: 10 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: B & O R R. 031

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: William H Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Katherine Kutzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs Bessie A Conway 1638 Jackson St

15 Filed ..., 19 ... Registrar

C. HAMILTON JONES, M. D.

JAN 2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926 to Jan 21, 1926, that I last saw him alive on Jan 21, 1926, and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,

(duration) ... yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Sidney H. Stuart, M. D.

19 (Address) 1715 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Jan 26 1926

20 UNDERTAKER: Wm J Fuchs Sons. ADDRESS: Morrell Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—60-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06056

CERTIFICATE OF DEATH.

E 06056

138

REGISTERED NO.

1-PLACE OF DEATH Johns Hopkins Hospital 11-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

2-FULL NAME Mary White

(a) RESIDENCE NO. 1603 Linden Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William White

6 DATE OF BIRTH (month, day, and year) July 7 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	19	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Days work

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER ? White

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER ? Manly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... , 19 ..... Registrar

C. HAMPSON JONES, M. D.

R. R. H.

2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 8th, 1926, to Jan 20th, 1926, that I last saw her alive on Jan. 20th, 1926, and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Tubo-ovarian abscess, bilateral ruptured

(duration) yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1603 Linden Ave- Balto Md

Did an operation precede death? Yes Date of Jan. 3, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) R. Edmunds Craig, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Littleton N C — DATE OF BURIAL Jan 23 1926

20 UNDERTAKER Robert Williams — ADDRESS 1515 N. Caroline St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06057

CERTIFICATE OF DEATH.

49 E 06057

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S. Robinson St., WARD) 1-4

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oscar A. West

(a) RESIDENCE NO. 615 S. Robinson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos ..... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE or CONDITION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca West.

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 0/10

(b) General nature of industry, business, or establishment in which employed (or employer) 3 years Retired

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Springfield Ohio.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known. (State or country)

14 Informant Charles A. West (Address) 615 S Robinson St.

15 Filed ....., 19 ..... RRS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925 to Jan 21, 1926.

that I last saw him alive on Jan 20, 1926

and that death occurred, on the date stated above, at 4.20 A. m.

The CAUSE OF DEATH* was as follows:

Sarcoma Left Lung

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Harold B Titlow, M. D.

1/22, 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Jan 23 1926

20 UNDERTAKER Henry Sander & Sons Inc.

ADDRESS 1710 Fleet St.

JAN 22 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06058

CERTIFICATE OF DEATH.

65-002

E 06058

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 E 30th, ST., 9-W WARD)

2-FULL NAME Virginia Regina Heckman

(a) RESIDENCE NO. 1806 E 30th ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry H. Heckman

6 DATE OF BIRTH (month, day, and year) June 4 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	68	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John D Jerscheid

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Henry H. Heckman (Address) 1806 E 30th St.

15 Filed ....., 19 ..... Registrar

2-2 1926 C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1922, to Jan 21st, 1926, that I last saw h[illegible] alive on Jan 21st, 1926, and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:

Hodgkins disease.

(duration) 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Progressive Secondary Anemia

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Hamilton J Grierson, M. D.

Jan 22, 1926 (Address) 1900 Eastern Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Jan 23 1926

20 UNDERTAKER Henry Sander & Sons Inc. — ADDRESS 1710 Fleet St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... TION is very important. See instructions on back of certificates.

Spec.—10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06059 E 06059

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy Seufert

(a) RESIDENCE NO. 24 N. Streeper ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 7, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	15	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER August Seufert

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Dorothy Heinbuch

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 2 2 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9th, 1926, to Jan. 22nd, 1926, that I last saw h[illegible] alive on Jan. 22nd, 1926, and that death occurred, on the date stated above, at 7 15 a. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia, Lobar

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Meningitis, epidemic, Chronic

(duration) yrs. 2½ mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander J. Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Jan 23 1926

20 UNDERTAKER Henry Lander & Sons Inc. — ADDRESS 1710 Fleet St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06060

REGISTERED NO. 765 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3706 E Pratt ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew F Neubauer

(a) RESIDENCE NO. 3706 E Pratt ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 26 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Packer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John J Neubauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Wirth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary Neubauer

(Address) 3706 E Pratt St

15 Filed ..... 19 ..... RKH. Registrar

C. HAMPSON JONES, M. D.

2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/21/26 19

17 I HEREBY CERTIFY, That I attended deceased from April 10th 1925 to Jan 21 1926.

that I last saw him alive on Jan 21 1926.

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Intramural fibroma of uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Endo-cardit is

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical —

(Signed) C. W. Mayer M. D.

19 (Address) 827 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL Jan 24 19 26

20 UNDERTAKER John Ullrich

ADDRESS 2008 Eden

Cor.—1-12-23—M&T—100 Bks.

E 06061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06061

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 1810 N. Wolfe St (St.) (Ward) 8 W

2-FULL NAME Ernestine Zschunke

(a) RESIDENCE NO. 1810 N. Wolfe St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 31/1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	0	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mrs Emma Willgraffe
(Address) 1810 N. Wolfe St

15 Filed ..... , 192 ..... Registrar

C. HAMPSON JONES, M. D.

RKH.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan20/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility (Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Walker, M. D.
(Coroner.)

1/21/26 . 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cem

DATE OF BURIAL Jan 23 1926

20 UNDERTAKER John Ellis & Sons

ADDRESS 600 E Oreleans

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06062

1015 001 06062

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N Robinson St. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary a Spicer

(a) RESIDENCE NO. 413 N Robinson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Leo B. Spicer

6 DATE OF BIRTH (month, day, and year) Jan 26-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	77	11	25	7

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Samuel Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Carroll Coleman

(Address) 413 N Robinson

15 Filed , 19 RRH. Registrar

C. HAMPSON JONES, M. D.

12 2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/21/1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Jan 21, 1926, that I last saw h alive on Jan 21, 1926, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Coban Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W Anderson, M. D.

, 19 (Address) 1714 N Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem Hanover | DATE OF BURIAL Jan 23, 1926

20 UNDERTAKER John Lucas & Son | ADDRESS 200 E Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 10-21—M&T—1500 Bks.

185-269

06063

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 201

06063

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Warren Norman.

(a) RESIDENCE No. 2137 E. Fairmount Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Warren Norman

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country)

12 MAIDEN NAME OF MOTHER Delsie B Lodgrade

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL

15 Filed . 19 RPH Registrar

C. HAMPSON JONES, M. D.

JAN 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4th, 1926, to Jan 21st, 1926, that I last saw him alive on Jan. 21st, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Marasmus

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander McAffee, M. D.

. 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Princess Anne Md.	Jan 27 1926
20 UNDERTAKER	ADDRESS
Hughes & Jones Inc	1111 E Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06064

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 06064

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2906 Kate Ave

CITY OF BALTIMORE: (No. 15-3 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward F. Callahan

(a) RESIDENCE NO. 2906 Kate Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura C. (nee Munn)

6 DATE OF BIRTH (month, day, and year) Aug 15. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58.	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Asst. Engr. St. Cleaning Dept.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 030

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edward F. Callahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Jane Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Laura F. Callahan. (Address) 2906 Kate Ave

15 Filed , 19 Registrar

N 2 1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/21 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925, to Jan 21, 1926, that I last saw h— alive on Jan 21, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edw Grempler, M. D.

1/22, 1926 (Address) 517 Hutton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Jan 23 1926

20 UNDERTAKER Harry H. Wetzke

ADDRESS 1531 N Fulton Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06065 06065

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Eastern ave St.) (Ward 3)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Citro

(a) RESIDENCE NO. 825 Eastern ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Theresa Citro

6 DATE OF BIRTH (month, day, and year) Sep 24 187[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	3 4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Alphonso Citro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Gerbrud Citro Italy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Theresa Citro

(Address) 825 Eastern ave

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

JAN 22 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 20, 1926, that I last saw h[illegible] alive on Jan 20, 1926, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine Jr. M. D.

19 (Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL January 23 1926

20 UNDERTAKER Wendell Ryffel & Son — ADDRESS 318 Monroe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06066

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 E 06066

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 213 S Exeter (ST.) 3-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Domenico Leonardi

(a) RESIDENCE NO. 211 S Exeter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Leonardi

6 DATE OF BIRTH (month, day, and year) October 3 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	3	18 8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Cement worker 075

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Santino Leonardi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Theresa Nardelli

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mary Leonardi (Address) 211 S Exeter St

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

2-2-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21 1926

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1926, to Jan 21, 1926.

that I last saw h[illegible] alive on Jan 21, 1926,

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Hypostasis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. K. Valentine M. D.

(Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL. January 25 1926

20 UNDERTAKER Wendell Roffel & Son — ADDRESS 318 Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ca[illegible] TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001 100 E 06067

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Chilham and Uffington 2224 (ST.) (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Bushman

(a) RESIDENCE NO. Chilham and Uffington Rd. (ST.) Mt. Washington (WARD)
(Usual place of abode)
Length of residence in city or town where death occurred 51 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Josephine Bushman

6 DATE OF BIRTH (month, day, and year) Aug. 15, 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Dry goods

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Gettysburg, Pa.

PARENTS

10 NAME OF FATHER Emanuel Paul Bushman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Gettysburg, Pa.

12 MAIDEN NAME OF MOTHER Catherine Anastasia Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Sister Mary Hilda Bushman
(Address) Mercy Hosp. Calvert & Centre Sts.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21-1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1926. to Jan. 21, 1926.
that I last saw him alive on Jan. 20, 1926.
and that death occurred, on the date stated above, at 2.20 A m.
The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia
5 days
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. Allen Bowman, M. D.

19 (Address) 2340 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL 1/23-1926

20 UNDERTAKER: Chas. F. Kraus & Son — ADDRESS 1118 W. Mt. Royal Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OPERATION is very important. See instructions on back of certificates.

C. H. THOMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 06068

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06068

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5111 Reisterstown Rd. ST. 27-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Lenore Zerrlaut

(a) RESIDENCE NO. 5111 Reisterstown Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 13, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Zerrlaut

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Della B. Kane

13 BIRTHPLACE OF MOTHER (city or town) Woodlawn
(State or country) Maryland

14 Informant Robert Zerrlaut
(Address) 5111 Reisterstown Road

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 21, 1926, that I last saw h alive on Jan 21, 1926, and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Accumulation

(Signed) A. C. Lamb M. D.

1-21, 1926 (Address) 4509 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Jan 23" 26
20 UNDERTAKER Joseph D. Cook	ADDRESS 1003 N Gilmor St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

(Oscar Korn)

E 06069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06069

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1513 N Broadway (St.) - 3 (WARD)

2-FULL NAME Korn, Oscar

(a) RESIDENCE. No. 1513 N Broadway St. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie M. Korn

6 DATE OF BIRTH (month, day, and year) Nov 4/1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Dry Goods & Notions

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Charles Korn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Stydel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. H. H. Warthen

(Address) 1513 N. Broadway

15 Filed ..... 19 ..... Registrar

23.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 20 . 1926 to Jany 20 . 1926 .

that I last saw h[illegible] alive on Jany 20, . 1926 .

and that death occurred, on the date stated above, at 10 a . m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? C

(Signed) George Aler Bowden, M. D.

1/27. 1926 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Jan 23 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of disease. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06070

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 S. Carey Street ST. 18-2 WARD)

2-FULL NAME Catherine Elizabeth Delcher

(a) RESIDENCE NO. 9 S. Carey Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 if yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 30, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16		20 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Delcher

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elsie B. Ridgeway

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Elsie B. Delcher
(Address) 9 S. Carey Street

15 Filed ..... , 19 ..... C. HAMPSON JONES, M. D. Registrar

23 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926, to Jan 20, 1926, that I last saw h[illegible] alive on Jan 20, 1926, and that death occurred, on the date stated above, at 4.40 Am.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) ~

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lung smears

(Signed) Hortense ..... M. D.

1-21 26 (Address) 301 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state 1) Means and Nature of Injury, and 2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL Jan. 23 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occu-
TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06071

CERTIFICATE OF DEATH.

1926 E 06071

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. St Joseph Hospital St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Pauline Doda

(a) RESIDENCE NO. 2806 Clifton Park Terrace St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Doda

6 DATE OF BIRTH (month, day, and year) Feb 11-1898

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	27	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto.Md

PARENTS

10 NAME OF FATHER John Tomaszkiewicz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Rose Zaczek

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Walter Doda

(Address) 2806 Clifton Park Ter

15 Filed ..... 19 .....

RRH. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Septicemia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Infection by self induced abortion (duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Waller, M. D. (Coroner)

1/22 1926 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Rosary Jan 25 1926

20 UNDERTAKER — ADDRESS

John M. Nelson 1863 Bank

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 06072

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06072

CERTIFICATE OF DEATH.

REGISTERED NO. 2176

1-PLACE OF DEATH Maryland Gen'l Hosp.

CITY OF BALTIMORE: (No.) Madison & Linden Ave (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Laura Rover

(a) RESIDENCE NO. Patapsco, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Franklin Rover

6 DATE OF BIRTH (month, day, and year) Oct 22-1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	~~0~~	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md

PARENTS

10 NAME OF FATHER James W. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna M. Troyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Husband

(Address) John F. Rover

15 Filed , 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19. , 1926. to Jan. 22 , 1926.

that I last saw her alive on Jan. 22 , 1926.

and that death occurred, on the date stated above, at 10:25 Am.

The CAUSE OF DEATH* was as follows:

Pneumococcic Peritonitis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Sepsis f/c. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Jan. 19

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. C. Wright M. D.

, 19 (Address) Maryland Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emory Chapel Cem. Md	Jan 25 1926
20 UNDERTAKER	ADDRESS
A. V. Upton & Son	Hampstead Md

Spec.—1-10 21—M&T—1500 Blks.

(Pender)

E 06073

HEALTH DEPARTMENT—CITY OF BALTIMORE

E/06073

CERTIFICATE OF DEATH.

x 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 W Franklin ST. 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Monroe Pender

(a) RESIDENCE NO. 607 W Franklin ST., Huntington W Va WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Pender nee Carter

6 DATE OF BIRTH (month, day, and year) Nov 1 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	~~2mo~~	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paint-salesman

(b) General nature of industry business, or establishment in which employed (or employer) General Agent 66

(c) Name of employer Du Pont

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER James M Pender

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Priscilla Edmonds

13 BIRTHPLACE OF MOTHER (city or town) Bladensburg (State or country) Md

14 Informant Sister Mrs T. F. Gore

(Address) 411 Hawthorne Ave

15 Filed ....., 19 .....

NOV 3 1926 C. HAMPSON JONES, M. D. Registrar

Per RRT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 12 1925 to Jan 22 1926, that I last saw him alive on Jan 22 1926, and that death occurred, on the date stated above, at 8:40 P m.

The CAUSE OF DEATH* was as follows:

Cacinoma of Rt testis

(duration) 0 yrs. 6 mos 15 ds.

CONTRIBUTORY (Secondary) General Metastasis

(duration) 0 yrs. 3 mos. 22 ds.

18 Where was disease contracted if not at place of death? W. Va —

Did an operation precede death? yes Date of Aug 10 '26

Was there an autopsy? no

What test confirmed diagnosis Clinical & laboratory

(Signed) R B Trenyon M. D.

(Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 5 1926
20 UNDERTAKER Parkson & Lee	ADDRESS 723 W Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06074 ✓ 06074

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N Huntford Ave St., 12-3 WARD)

2-FULL NAME William T. Haddaway

(a) RESIDENCE No. 107 Huntford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Talbot County (State or country) Md

PARENTS

10 NAME OF FATHER Charles P Haddaway

11 BIRTHPLACE OF FATHER (city or town) Talbot Co (State or country) Md

12 MAIDEN NAME OF MOTHER Mary P Faulbey

13 BIRTHPLACE OF MOTHER (city or town) Anne Arundel Co (State or country) Md

14 Informant Frank T Haddaway

(Address) 107 N. Huntford Ave

15 Filed ..., 19 ... Registrar

C. HAMPSON JONES, M. D.

JAN 23 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to Jan 21, 1926, that I last saw he alive on Jan 21, 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Coronary Thrombosis

(duration) 2 yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas C Lemmon, M. D.

Jan 27, 1926 (Address) 718 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	Jan 25 1926
20 UNDERTAKER	ADDRESS
Iris E. Millerston	2307 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 06075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06075

101-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 S Sharp ST. 23-1 WARD)

2-FULL NAME James Wallace

(a) RESIDENCE. NO. 917 S Sharp ST. 23 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Wallace

6 DATE OF BIRTH (month, day, and year) March 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(h) General nature of Industry, business, or establishment in which employed (or employer) Grand Factory

(c) Name of employer Bernard Raisin

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mahell Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hannah Wallace

(Address) 917 S Sharp Street

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27/1926

17

I HEREBY CERTIFY, That I attended deceased from 1/14/1926 to 1/27/1926.

that I last saw him alive on 1/21/1926.

and that death occurred, on the date stated above, at 3.00 a m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) about yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Dr. Bayley, M. D.

1/27/1926 (Address) 1908 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Carters Creek Calvert Co Md	Jan 29 1926
20 UNDERTAKER	ADDRESS
L. L. Bruce & Son	1084 W. Mondawmin

mation should be carefully supplied. AGE should be stated in every case where it may be properly classified. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 27 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06076 E 06076

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST. 4-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wynona Foard

(a) RESIDENCE NO. 1908 Hope St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7 | 8 | 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Clarence Foard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Foard

(Address) 1908 Hope St-

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1926

17

I HEREBY CERTIFY, That I attended deceased frnm Jan 19, 1926, to Jan 23, 1926.

that I last saw h.r alive on Jan 23, 1926,

and that death occurred, on the date stated above, at 12 05 a m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tupe M. D.

1/23 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 1/23 1926

20 UNDERTAKER George & Ruth 1735 — ADDRESS Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

C. THOMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E 06077 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06077

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 St Paul ST. 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Carzon Hoffman

(a) RESIDENCE NO. 1203 St. Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Eliza Lawrence Hoffman

6 DATE OF BIRTH (month, day, and year) July 13 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired from business

(b) General nature of industry, business, or establishment in which employed (or employer) — OH 5

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Samuel Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth R. B Carzon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant R Carzon Hoffman Jr.

(Address) Perring Parkway Md

15 Filed ....., 19 ..... Registrar

ROH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21 — 1926 —

17 I HEREBY CERTIFY, That I attended deceased from March, 1922, to January 21 —, 1926 —

that I last saw him alive on January 20th, 1926 —

and that death occurred, on the date stated above, at 5:4 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Myocarditis

(duration) Some yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No —

What test confirmed diagnosis? None —

(Signed) [illegible], M. D.

Jan 24 1926 (Address) 1327 Park Ave — Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem.	Jan 23 1926

20 UNDERTAKER	ADDRESS
Henry H Jenkins Sons Co	McCulloh & Orchard Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06078

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06078

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2017 Westwood Ave (Street or Road) 15 12 W 17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mark L Robey

(a) RESIDENCE NO. 2017 Westwood Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Essie V Robey

6 DATE OF BIRTH (month, day, and year): Apl 18 72

7 AGE: Years 53 | Months 9 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Alferd Robey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Marie Mormol

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Essie V Robey

(Address): 2017 Westwood Ave

15 Filed ..... 19 ..... RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-10, 1925, to 1-21, 1926, that I last saw h[e] alive on 1-18, 1926, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (Non-alcoholic)

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Arteriosclerosis Hemiplegia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Microscopical Exam

(Signed) W. D. Burgess, M. D.

1/21, 1926 (Address) 1928 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Saint Marys [illegible] DATE OF BURIAL: Jan 26 1926

UNDERTAKER: Chenoweth Son Chestnut

ADDRESS: 3617

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] TION is very important. See instructions on back of certificates.

2 3 1926

Cor.—1-12-23—M&T—100 Bks.

E 06079

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06079

CERTIFICATE OF DEATH.

160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Stanton Memorial Hospital ST. (or) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kenneth Patterson

(a) RESIDENCE No. 2004 W 39th ST., (or) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 13 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Albert E Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Albert Patterson

(Address) 2004 W 39th St

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mal Contusion

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. Lee Morrison M. D.

(Coroner.)

Jan 25 192 6 (Address) 5622 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden DATE OF BURIAL Jan 28 192 6

20 UNDERTAKER Chenowith & Son ADDRESS 3617 Chestnut Ave

Please write very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06080 ✓ 06080

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1832 N. Pratt. ST. 19-2 WARD)

2-FULL NAME Mary E. Smith.

(a) RESIDENCE NO. 1832 N Pratt. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See Instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George R. Smith.

6 DATE OF BIRTH (month, day, and year) Jan 11 - 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Hutton

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Ellen Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Florence Smith

(Address) 1832 N Pratt St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 21 1926 to Jan 22 1926

that I last saw h alive on Jan 21 1926

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex

(Signed) Jas R Crawford M. D.

1/22, 1926 (Address) 17 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 1-25 1926

20 UNDERTAKER Wm Thos A Ridde Co

ADDRESS 1600 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

06081

HEALTH DEPARTMENT—CITY OF BALTIMORE

65-001

06083

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 735 Harvey St, ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Craig.

(a) RESIDENCE NO. 735 Harvey St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 ~~Single~~, Married, ~~Widowed~~ or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Craig

6 DATE OF BIRTH (month, day, and year) March 10 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Finland.

PARENTS

10 NAME OF FATHER Dennis Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Thomas Craig (Address) 735 Harvey St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-21- 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1925. to Jan 21, 1926.

that I last saw her alive on Jan 21, 1926.

and that death occurred, on the date stated above, at 6 15 P.M.

The CAUSE OF DEATH* was as follows:

Acute Lymphatic Leucemia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) W. F. Bongard, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Jan 25, 1926

20 UNDERTAKER Chas. P. Stevens — ADDRESS 1100 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

JAN 25 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06082 E 06082

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 769 Bradley ST. 17-13 WARD)

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dallia Lockette

(a) RESIDENCE NO. 769 Bradley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Lockette

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 36 Months — Days — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Household Work

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Culpeper Va

PARENTS

10 NAME OF FATHER: Woodson Twitty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Nannie Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Jennie Lowery

(Address): 767 Bradley

15 Filed ....., 19 .... RRH Registrar

C. THOMPSON JONES, M. D. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/21 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/17, 1926 to 1/21, 1926, that I last saw h alive on 1/21/26, 19, and that death occurred, on the date stated above, at 9 35P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary): Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Julius Goldman, M. D.

, 19 (Address) 456 N Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 1/23/26

20 UNDERTAKER: Hamilton Farber — ADDRESS: 916 Gay

Spec.—1-10-21—M&T—1500 Bks.

E 06083

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06083

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 S Robinson ST. 1-4 WARD)

2-FULL NAME Lillian M Baldwin

(a) RESIDENCE NO. 332 S. Robinson, ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Baldwin

6 DATE OF BIRTH (month, day, and year) March 31. 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	9 8	21 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Frank Devaugh

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Catherine Neels

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Arthur Baldwin

(Address) 332 S Robinson St.

15 Filed ....., 19 ..... R P H Registrar

C. HAMPSON JONES, M. D.

2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Jan 22 1926, that I last saw h[illegible] alive on Jan 22, 1926, and that death occurred, on the date stated above, at 6.10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos 40 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) J. Lawrence M. D.

1/23 1926 (Address) 2 E Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Jan 25 1926

20 UNDERTAKER Henry Sander & Sons Inc. — ADDRESS 1710 Fleet St.

CAUSE OF DEATH must be plainly written, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 06084

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06084

101-021

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 19-22 WARD)

2-FULL NAME Mrs Mabel L Schultz

(a) RESIDENCE NO. 1821 W. Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

3a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Irvin Schultz

6 DATE OF BIRTH (month, day, and year) Aug 16 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) 057

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Irvin Schultz (Address) 1821 W Pratt St

15 Filed ..... 19 ..... RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 19th 1926 to Jan 22nd 1926, that I last saw her alive on Jan 22nd 1926, and that death occurred, on the date stated above, at 2.40 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac Failure (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Phy. findings.

(Signed) Howard Howell, M. D.

, 19 (Address) Dr Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 1/25 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E North

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Rawlins Chas-Randall

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06085 — 90 — E 06085

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 302 East West St. (Or WARD) 24-1

2-FULL NAME Louis Hermans

(a) RESIDENCE No. 302 East West ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed, or divorced (or) WIFE of Johanna

6 DATE OF BIRTH (month, day, and year) May 18-1846

7 AGE — Years 79 — Months 8 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer) 017
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) unKown
12 MAIDEN NAME OF MOTHER unkown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) unKown

14 Informant Johanna Hermans
(Address) 302 East West

15 Filed ..., 19 RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1926 to Jan 22, 1926.
That I last saw him alive on Jan 19, 1926
and that death occurred, on the date stated above, at 5:50 a m.

The CAUSE OF DEATH* was as follows:

Senile Myocarditis

..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis
..... (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) I. E. Ballentine M. D.
Jan 22, 1926 (Address) 2 Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park
DATE OF BURIAL 1/25 1926

20 UNDERTAKER W. S. Cook
ADDRESS 502 E. Mad

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question must be answered. PRE-NATAL CARE, if any, should be stated. PUERPERAL CONDITIONS should be specially noted. ATTENDANCE at birth should be stated. INFANT MORTALITY depends largely upon the correctness of this information. CONSULT RECORDS, if necessary, before answering questions. PHYSICIAN'S OFFICE ADDRESS should be given. INFORMATION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

2 3 1926

Cor.— -12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66086 90 E 66086

CERTIFICATE OF DEATH.

24-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 84 E. Cross St. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William P. Schley

(a) RESIDENCE NO. 1016 Compton St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a If married, widowed, or divorced HUSBAND of Grace Schley.

6 DATE OF BIRTH (month, day, and year) March 13, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter.
(b) General nature of industry, business, or establishment in which employed (or employer) 0 50
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Schley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md.

12 MAIDEN NAME OF MOTHER Luvenia Kirwan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Grace Schley. (wife)
(Address) 1016 Compton St.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

Jany. 22, 1926 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount DATE OF BURIAL Jan 25 1926

20 UNDERTAKER Wilson Cook ADDRESS 502 E Madison

Spec.—1-10-21—M&T—1500 Blks.

E 06087

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-00 66087

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 165 Colvin ST. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John P. Boone

(a) RESIDENCE NO. 165 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 21 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
		3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. H. Boone

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Maria O. Brian

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Wm. H. Boone
(Address) 165 Colvin St.

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

3 1926 Per RRS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1926

17

I HEREBY CERTIFY, That I attended deceased from 1.21. 1926, to 1.21. 1926,

that I last saw h.. alive on 1.21. 1926

and that death occurred, on the date stated above, at 10 35 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Colon Carcinoma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs.

(Signed) C. C. Carey, M. D.

1/23/1926 (Address) 116 Lafayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL 1/24 1926

20 UNDERTAKER Denis H. Johnson — ADDRESS 67 N. Amity St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06088 06088

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 231 Herring ct. ST. 13-2 WARD)

2-FULL NAME Jennie Alfonzo

(a) RESIDENCE NO. 231 Herring Ct ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married John DeShields

6 DATE OF BIRTH (month, day, and year) Unknown 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
42	yrs.	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Eastern Shore (State or country) md.

PARENTS

10 NAME OF FATHER Frank Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Sarah Lee

13 BIRTHPLACE OF MOTHER (city or town) Eastern Shore (State or country) Md.

14 Informant Mary Davis (Address) 1717 Fairmount ave.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to Jan 20, 1926, that I last saw her alive on Jan 20, 1926, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical symptoms

(Signed) M. N. Futterman, M. D.

Jan 24, 1926 (Address) 721 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Laurel Cemetery — DATE OF BURIAL Jan 23 1926

20 UNDERTAKER Jos. H. Rochester — ADDRESS 1413 Jefferson st

CAUSE OF DEATH must be plainly written, and all questions answered. See instructions on back of certificates. TION is very important.

23 1926 C. HAMPSON JONES, M. D.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06089 E 06089

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S. Ann St. 7-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Woods

(a) RESIDENCE NO. 126 S. Ann ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 45 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 7/1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Elroy Woods

11 BIRTHPLACE OF FATHER (city or town) Balto City
(State or country) Md

12 MAIDEN NAME OF MOTHER Christine Ent

13 BIRTHPLACE OF MOTHER (city or town) Balto City
(State or country)

14 Informant Elroy Woods
(Address) 126 S Ann

15 Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Gastroenteritis
(duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (Secondary) Malnutrition
(duration) ..... yrs. 1 mos. ..... ds.

(Signed) James W Fenton, M. D.
(Coroner.)
Jan 23, 1926 (Address) 700 E Lanv

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Jan 23 1926

20 UNDERTAKER Wendell Appel Co — ADDRESS 373 N

FROM A VERY IMPORTANT SET OF RECORDS OF CASES OF CERTIFICATE.

C. H. EMPSON JONES, M. D.

2-1-1926 Per .....

Spec.—1-10-21—M&T—1500 Bks.

06090

HEALTH DEPARTMENT—CITY OF BALTIMORE

06090

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 3-1 ST. WARD)

REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rita Dicta

(a) RESIDENCE NO. 908 Fawn St., City ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Philip Dicta

11 BIRTHPLACE OF FATHER (city or town) Italy (State or country)

12 MAIDEN NAME OF MOTHER Famia Baroma

13 BIRTHPLACE OF MOTHER (city or town) Italy (State or country)

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

23 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28/1925, 19 . to Jan. 22 . 1926 .

that I last saw her alive on Jan. 22 . 1926 .

and that death occurred, on the date stated above, at 7:10 p. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 26 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Dec 28 '25

Was there an autopsy? Yes

What test confirmed diagnosis? Operation.

(Signed) E O Alyea, M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 25, 26

20 UNDERTAKER Wendell Dippel Sons — ADDRESS 378 N

CAUSE OF DEATH must be given. Physician will be required to report to Health Department any deficiency in this certificate. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06091 ✓ 124 E 06091

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 224 S Bethel ST. 3-V WARD)

2-FULL NAME Queen Miller

(a) RESIDENCE No. 304 S Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Miller

6 DATE OF BIRTH (month, day, and year) Feb. 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31	11	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer at home

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John H. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Della Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Della Howard (Address) same as

15 Filed ....., 192 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lupus

2nd attack

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) probably chronic nephritis

(duration) yrs. mos. ds.

(Signed) James H. Hamilton, M. D. (Coroner.)

Jan 24 1926 (Address) 701 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury — DATE OF BURIAL Jan 25 1926

20 UNDERTAKER John W Henderson Co monument — ADDRESS 1500

JAN 25 1926 CLAYPOOL-JONES-M. D.

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06092

CERTIFICATE OF DEATH.

197 V E 06092

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Myers

(a) RESIDENCE NO. 16 S. Bond St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: ~~White~~ Black

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: about 36 — Months: — Days: — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Common Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 0 to 0

(c) Name of employer

9 BIRTHPLACE (city or town) _____ (State or country) Md

PARENTS

10 NAME OF FATHER Louis Myers

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER Lucy -------

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Md.

14 Informant John W. Henderson

(Address) 1502 E. Monument St.

15 Filed _____ 19 _____ RRH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 21/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis due to pistol shot wounds- Homicide

_____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) [signature] M. D.

(Coroner)

1/23/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel — Date of Burial: Jan 24 1926

20 UNDERTAKER: John W Henderson — ADDRESS 1502 E. Monument

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 06093

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-001

E 06093

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 821 (Willow) ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Kloetch

(a) RESIDENCE NO. 821 Willow ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of dec'd Lawrence Kloetch.

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Thomas Spicer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rozanna McGirr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss. Mary Spicer

(Address) 821 Willow St

15 Filed . 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/19, 1926, to 1/21, 1926, that I last saw h[illegible] alive on 1/21, 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. H. Thornton, M. D.

1/22, 1926 (Address) 323 Argyle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Jan 26, 1926

20 UNDERTAKER Henry Hoerle Son ADDRESS 1301 E Eager St

CAUSE OF DEATH must be plainly written, and all questions answered. TION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

23 1926

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06094 E 06094 10

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Broadway ST. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Chasin

(a) RESIDENCE NO. 25 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) Jan. 7th-26

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ----------
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Philip Chasin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Grodnick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14
Informant Philip Chasin (Father)
(Address) 25 N. Broadway

15
Filed ....., 192 .....
C. LAMPSON-JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23 192 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Acute Laryngitis

(Iossible Diphtheria)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

1- 23- 26 (Address) 508 E. North Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 1-23-1926

20 UNDERTAKER Jack Kaiser

ADDRESS 1439 E. Balto.

FOR A VERY important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

E 06095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89

E 06095

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 Lakeview ave ST., 13-6 WARD)

2-FULL NAME Joseph Kline

(a) RESIDENCE NO. 2429 Lakeview ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Meyer Kline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Leah, U.K

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lee Kline
(Address) 2429 Lakeview ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-22 1926

17 I HEREBY CERTIFY, That I attended deceased from July ....., 1925, to Jan. 22, 1926; that I last saw him alive on Jan-21, 1926, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 4 yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph William Fitzpatrick, M. D.

1/23 19 26 (Address) 940 Brooks Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 1/24 1926

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto St

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06096

CERTIFICATE OF DEATH.

99-02 E 06096

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Harford av ST. 9-6 WARD)

2-FULL NAME Margaret. Mack.

(a) RESIDENCE No. 1605 Harford av ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 40 yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henri Mack

6 DATE OF BIRTH (month, day, and year): Dec 31 1839

7 AGE — Years: 86 — Months: 1° — Days: 20 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Ge France.

PARENTS

10 NAME OF FATHER: Henri Mack.

11 BIRTHPLACE OF FATHER (city or town) (State or country): France.

12 MAIDEN NAME OF MOTHER: Margarett Lamb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France.

14 Informant: Geo. M. Steele.
(Address): 1605 Harford ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1926, to Jan 21, 1926, that I last saw her alive on Jan 21, 1926 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis & Infirmities of age

(duration) 2 mos yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Infirmities of age

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. G. Carman, M. D.

1-23 1926 (Address) 1707 N. Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: 1/24 1926

20 UNDERTAKER: Geo. J. Pust.

ADDRESS: 1735 Harford Ave

CAUSE OF DEATH to print terms, so that it may be properly TION is very important. See instructions on back of certificates.

JUN 2 A 1926 HARRISON JONES M

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06097

CERTIFICATE OF DEATH.

101-001

E 06097

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Mt Royal Terrace ST., 13 WARD)

2-FULL NAME Bettie C Broaddus

(a) RESIDENCE No. 1910 Mt Royal Terrace ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) Gloucester Co (State or country) Va

PARENTS

10 NAME OF FATHER Edwin Broaddus

11 BIRTHPLACE OF FATHER (city or town) Gloucester Co (State or country) Va

12 MAIDEN NAME OF MOTHER Elza E. Montague

13 BIRTHPLACE OF MOTHER (city or town) Essex Co. (State or country) Virginia

14 Informant Elza Broaddus Jones (Address) 1910 Mt Royal Terrace

15 Filed JAN 24 1926, 19 . Registrar R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to Jan 22, 1926, that I last saw h er alive on Jan 22, 1926, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ~~yrs.~~ ~~mos.~~ 7 ds.

CONTRIBUTORY (Secondary) Asthenia 7

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Edwin K Ballard M. D.

1-23, 19 26 (Address) 1622 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jan 24 1926

20 UNDERTAKER John B. Spencer — ADDRESS 1325 N. Caroline St

JAN 24 1926 HAMPSON JONES, M.

TION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Blks.

Rappeport ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06098

CERTIFICATE OF DEATH.

101-001 E 06093

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. St. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Rappaport

(a) RESIDENCE NO. 1310 E Balt St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
13	14	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt City Md

PARENTS

10 NAME OF FATHER David Rappaport

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rebecca Kellner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rebecca Rappaport
(Address) 1310 E Balt St

15 Filed ....., 192 .... Registrar

24 1926 HAMPSON JONES, M. D.

K.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) (duration) .... yrs. .... mos. .... ds.

(Signed) S. K. Cohen, M. D.
(Coroner.)

1/23/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 1/26 192

20 UNDERTAKER Jack Levin

ADDRESS 1439 E Balt

Spec.—1-10-21—M&T—1500 Bks.

Cherman.

E 06099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4th E 06099

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3415 Parkhights ave ST., 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Cherman

(a) RESIDENCE No. 3415 Parkhights ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	w	m

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Cherman

6 DATE OF BIRTH (month, day, and year) April 15 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Frank Bristman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ella Koptus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1429 E Balt St

15 Filed ..... 19 ..... H.W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/22/1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1926, to Jan 22, 1926, that I last saw her alive on Jan 22, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

carcinoma of stomach

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 1925

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) James Robertson, M. D.

1926 (Address) 1810 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 1/24 1926

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balt St

CAUSES OF DEATH MUST BE FILLED IN. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

JAN 24 1926

Cor.—12-9-25—A Co.—200 Bks.

E 06100

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 06100

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Hospital St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Cohen

(a) RESIDENCE NO. 1012 N. Gay St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) Oct 12-1922

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	3	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Ellis Cohen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Sophia Lonner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Ellis Cohen

(Address) 1012 N. Gay St

15 Filed _____, 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lt. Lobar Pneumonia

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema 1

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Wallen M. D.

(Coroner)

1/23 19 26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rest

Date of Burial 1/26 19 26

20 UNDERTAKER Jack Levin

ADDRESS 1643 E. Baltimore

OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06101 — CERTIFICATE OF DEATH. — 10 E 06101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St., 17 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Genieve Cerrato

(a) RESIDENCE NO. 2808 Bernard St ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 14. 1925

7 AGE — Years: 1 — Months: 0 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS
10 NAME OF FATHER Charles Cerrato
11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy
12 MAIDEN NAME OF MOTHER Christina Auresino
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Chas. Cerrato
(Address) 2808 Bernard St

15 Filed ..... 19 ..... R.G. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Jan 23, 1926, that I last saw h alive on Jan 23, 1926, and that death occurred, on the date stated above, at 12 40 a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos 7. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Culture

(Signed) Myron G. Fall, M. D.

1/23 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: Jan 24th 1926

20 UNDERTAKER: A. Jones — ADDRESS: 118 S. Gilmor St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06102 E 06102

CERTIFICATE OF DEATH.

REGISTERED NO. 13-6 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen ST., [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Cohn

(a) RESIDENCE NO. 2116 Brookfield ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer 045

(b) General nature of industry, business, or establishment in which employed (or employer) Woman-Man.

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Cohn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Self
(Address) 2116 Brookfield Ave

15 Filed ....., 19 ..... Registrar

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23-1926.

17

I HEREBY CERTIFY, That I attended deceased from 1-20, 1926, to 1-23, 1926, that I last saw h[illegible] alive on 1-23-, 1926, and that death occurred, on the date stated above, at 3:15 A m.

The CAUSE OF DEATH* was as follows:

Auto Aspiration
Coma
Auto Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation
Arterio-sclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-21-26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) J. Myerson, M. D.

, 19 (Address) 2116 W Baltimore Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 1/25 1926

20 UNDERTAKER J. Ahrens Co

ADDRESS 331 Penna Ave

JAN 24 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06103

9 E 06103

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 8 W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Batchelis

(a) RESIDENCE NO. 1720 N Montford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 17, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER William Batchelis

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Rena Schlosser

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Mrs. Batchelis
(Address) 1720 N Montford

15 Filed . 19 . Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1921

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1921, to Jan 23, 1921, that I last saw him alive on Jan 23, 1921, and that death occurred, on the date stated above, at 1.20 a m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Sull, M. D.

1/23. 1921 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan 27, 1921

20 UNDERTAKER John Leeries

ADDRESS 200 Adam

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 06104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N Kenwood Ave. WARD) 7-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Helen Müller

(a) RESIDENCE NO. 710 N Kenwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E Müller

6 DATE OF BIRTH (month, day, and year) Dec 25 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	—	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Gustav Stock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Dorothy Weitzman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Chas E Müller

(Address) 710 N Kenwood

15 Filed ..... 19 ..... Registrar

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1926, to Jan 22 1926,

that I last saw h[illegible] alive on Jan 22, 1926,

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J Rosanek M. D.

(Address) 804 N Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL Jan 26 1926

20 UNDERTAKER John Ulrich

ADDRESS 2008 Ellerslie

JAN 24 1926 CLAMPSON JONES, M. D.

RK.

Spec. 1-10-21 M&T 1500 Bks.

1353 W. North ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06105

CERTIFICATE OF DEATH.

90 E 06105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2906 Brighton (St.) 16-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Elaisboda Mc Kinstry

(a) RESIDENCE No. 2906 Brighton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late John Mc Kinstry

6 DATE OF BIRTH (month, day, and year) Nov 19 1838

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	87	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER Jacob R. Michael

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Catherine Halley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md

14 Informant Charles W. Mc Kinstry

(Address) 2906 Brighton St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926 to Jan 21, 1926.

that I last saw her alive on Jan 21, 1926.

and that death occurred, on the date stated above, at 1145 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Arrhythmia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 10 yrs. x mos. x ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Jere Talbott, M. D.

1/25, 1926 (Address) 1353 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 1/25/26

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson Ave

E 06106

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06106

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2512 W. Lanvale St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph Bystold Zamer

(Residence in Baltimore: No. 2512 W. Lanvale St.; yrs. Eighteen mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-Single, Married, Widowed or Divorced, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 22 (Day) 1864 (Year)

7-AGE, 61 yrs. 8 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Asst. Bowling Alleys
(b) General nature of industry, bnsiness, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country) Frederick Md

PARENTS.

10-NAME OF FATHER Adolph Zamer

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER Johanna Costler

13-BIRTHPLACE OF MOTHER, (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Zamer

(Address) 2512 W. Lanvale

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. T. Hennessy M. D. (Coroner.)

Jan. 22 1926 (Address) 2802 Eutaw Pl.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. London Park — DATE OF BURIAL. 1/25/26

20-UNDERTAKER. Geo. Weber & Son — ADDRESS 2503 Edmondson Ave

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 06107

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-00/06107

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 E Fayette ST. 5-1 WARD)

2-FULL NAME Mary Johnson

(a) RESIDENCE NO. 1011 E Fayette ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Johnson

6 DATE OF BIRTH (month, day, and year) April 15. 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince Anne County Va

PARENTS

10 NAME OF FATHER Noah Brinkley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha Brinkley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John Johnson
(Address) 1011 E Fayette St

15 Filed ..... 19 ..... PK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1926, to Jan 21, 1926, that I last saw h[illegible] alive on Jan 21, 1926, and that death occurred, on the date stated above, at 3 15 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) George S. Allen, M. D.

19 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem — DATE OF BURIAL Jan 22 26

20 UNDERTAKER Thos J. Y Locke — ADDRESS 1302 Jeffers

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06103 E 06103

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 N Caroline ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sanford Maddox

(a) RESIDENCE NO. 923 N Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Maddox

6 DATE OF BIRTH (month, day, and year) Aug 25, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	28 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O.H.D.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Atlanta, Ga.

PARENTS

10 NAME OF FATHER John Maddox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Atlanta Ga.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Lucy Maddox

(Address) 923 N Caroline St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 2 1925 to Jan 22 1926

that I last saw him alive on Jan 17 1926

and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Chronic Interstitial Nephritis

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test.

(Signed) Bernard Fantus, M. D.

, 19 (Address) 345 Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Jan 26 1926
20 UNDERTAKER	ADDRESS
Jas. M. Skinner	1625 E. Monument

JAN 24 1926

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06109 — CERTIFICATE OF DEATH. — 185 E 06109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry Howard

(a) RESIDENCE No. 915 Linden ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Feed
(c) Name of employer Labor

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Tempro Howard

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Ann Miles

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Lora Mahammett
(Address) 915 Linden ave

15 Filed ....., 192 .....

PK. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to (Over) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aneurism of Arch of Aorta, which ruptured when he raised the window the fell about 6 ft.

(duration) 0 yrs. 12 mos ds.

CONTRIBUTORY (Secondary) fracture 2 ribs on left side

(duration) yrs. mos. ds.

(Signed) James M Hanlon, M. D.
(Coroner.)

Jan 23. 1926 (Address) Tower Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., 2 mos., 9 ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?
917 I don't know

Former or usual residence 917 Linden ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington — DATE OF BURIAL 1/24/26

20 UNDERTAKER Jacob Hakenberg — ADDRESS 5[illegible] Middle

HAMPSON, JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06110 — 129 — E 06110

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. [redacted] St., BALTIMORE CITY HOSPITALS Ward) 11-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Daily

(a) Residence No. 1123 Park Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Georgiana Daily

6-DATE OF BIRTH (month, day and year) 1873

7-AGE. 53
57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer). Private
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town). Unknown (State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town). Unknown (State or Country),

14- (Informant) Baltimore City Hospitals Records

(Address).....

15-

Filed ..... 192 ..... Registrar. [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 22, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan. 18 1926 to Jan. 22 1926.

That I last saw h~~im~~ alive on Jan. 22 1926, and that death occurred, on the date stated above, at 3:55 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. 5 mos. (History)

CONTRIBUTORY (Secondary) Uremia

(Duration) ..... yrs. ..... mos. 3 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

1/22 1926 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. W. W. Woodlawn Cem. — DATE OF BURIAL. Jan 25, 1926.

20-UNDERTAKER. Samuel T. Hensley — ADDRESS 378 W. Baltimore St.

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06111 E 06111

CERTIFICATE OF DEATH.

Roland Ave 6 11 27 1 201

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 Ashland Ave. ST., 27th WARD)

2-FULL NAME Robert Joseph Bauer.

(a) RESIDENCE NO. 106 Ashland Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mary C. Bauer.

6 DATE OF BIRTH (month, day, and year) Sept. 2nd 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	3 4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegrapher. 186

(b) General nature of industry, business, or establishment in which employed (or employer) Telegraph Operator

(c) Name of employer Postal Telegraph Co.

9 BIRTHPLACE (city or town) (State or country) ~~Germany~~ Germany.

PARENTS

10 NAME OF FATHER Jacob Bauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant William W. Bauer. (Address) 106 Ashland Ave Roland Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20 1926 to Jan. 21 1926.

that I last saw him alive on Jan. 21 1926,

and that death occurred, on the date stated above, at 2-30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia of Influenza Type

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs -

(Signed) M. Gibson Forlin, M. D.

1/22 1926 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cemetery

DATE OF BURIAL Jan 25 1926

20 UNDERTAKER Robt. F. Turner Inc.

ADDRESS 1442 N. Broadway.

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1503 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06112

CERTIFICATE OF DEATH.

90 E 06112

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 E Hoffman ST., 9-1 WARD)

2-FULL NAME Catherine Schleigh

(a) RESIDENCE NO. 925 E Hoffman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E Schleigh

6 DATE OF BIRTH (month, day, and year) May 12 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gen.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Wm E Schleigh

(Address) 919 E Preston st

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Jany 2 1926 to Jany 21 1926,

that I last saw her alive on Jany 21 1926,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis & Exhaustion

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac arthritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Milton Thomas, M. D.

Jany 27 1926 (Address) 1230 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemy

DATE OF BURIAL Jan 25 1926

20 UNDERTAKER Robt J Turner Jr

ADDRESS 1402 N Broadway

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06113

HEALTH DEPARTMENT—CITY OF BALTIMORE

185

E 06113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 534 S. Bentalou St., (Ward) 20th

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Wolf.

(a) RESIDENCE NO. 534 S. Bentalou Ward 21th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Wolf.

6 DATE OF BIRTH (month, day, and year): Jan 22nd 1849

7 AGE: Years 76 | Months 11 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Emile Leopold

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Sophia Wolf 534 S. Bentalou

15 Filed ..., 19... PK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21st 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 18th, 1926, to Jan 20th, 1926.

that I last saw h[illegible] alive on Jan 20, 1926

and that death occurred, on the date stated above, at 2a (Am.)

The CAUSE OF DEATH* was as follows:

~~Trauma - Broncho Pneumonia~~ Trauma (Cause)

by a fall (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Trauma Broncho Pneum (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Cealer M. D.

1/25, 1926 (Address) 2106 N Belv Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 25th 1926

20 UNDERTAKER: J. B. Shepherd — ADDRESS: 185 N. Belv Av

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06114 E 06114

REGISTERED NO. 125

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 705 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Barbara Reuter

(a) RESIDENCE NO. 3311 Hudson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9(?) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced (or) WIFE of Joseph Reuter

6 DATE OF BIRTH (month, day, and year) Feb 27 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10 11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Anton Barsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Mary Hiska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Joseph Barsch (Father)
(Address) 2513 Belair Road

15 Filed ..... 19 .....

JAN 24 1926 HARRISON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to Jan 22, 1926, that I last saw h[illegible] alive on Jan 22, 1926, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pancreatitis, acute hemorrhagic

(duration) — yrs. — mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan 14/26

Was there an autopsy?

What test confirmed diagnosis? operation

(Signed) Walter Eagle, M. D.

1/22 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Jan. 25th 1926
20 UNDERTAKER	**ADDRESS**
Tully and Tiele	403 S. Wolfe St.

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06115

CERTIFICATE OF DEATH.

40 E 06115

1-PLACE OF DEATH

City of BALTIMORE: (No. 954 Aisquith St. St. 5-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Cross

(Residence in Baltimore: No. 954 Aisquith St. St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Unknown 1..... (Month) (Day) (Year)

7-AGE. About 58 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work 2nd. Officer on
(b) General nature of industry, business, or establishment in which employed (or employer) Lake Boat

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John H. Cross

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Sarah J. Allen

13-BIRTHPLACE OF MOTHER, (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah J. Cross (Sister)

(Address) 432 E. 20th. St.

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 22nd. 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. Paca M. D.
(Coroner.)

1/23/26 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Baltimore Cemetery 1/25 1926

20-UNDERTAKER. ADDRESS.
Chas. Braun & Son 11 Mont Royal Ave

IS VERY important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 06116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14 E 06116

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 306 W. Belvedere Ave. (ST.) 27-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Frainie.

(a) RESIDENCE NO. 306 W. Belvedere Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Frainie.

6 DATE OF BIRTH (month, day, and year) Nov. 10th. 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Produce

(b) General nature of industry, business, or establishment in which employed (or employer) Business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Frainie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Altvater

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Chas. Frainie

(Address) 306 W. Belvedere Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1926 to Jan 22 1926, that I last saw h[illegible] alive on Jan 21 1926, and that death occurred, on the date stated above, at 12 30 a m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Chas J Nelly M. D.

(Address) 2242 Park Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 1/25 1926

20 UNDERTAKER Chas P. Braue & Son ADDRESS 1110 Mond Royal ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06117

CERTIFICATE OF DEATH.

57 E 06117

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6. Albemarle ST. 31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gaetano Gambardella

(a) RESIDENCE No. 6. Albemarle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sofia Scala

6 DATE OF BIRTH (month, day, and year) 11/2.1863.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
62	63.	2.	20.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salon Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) for self. 044

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Matteo Gambardella

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Sofia Scala

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Sofia Gambardella

(Address) 6. Albemarle St.

15 Filed ..... 19 ..... Registrar

JAN 24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to Jan 22, 1926, that I last saw h alive on Jan 22, 1926 and that death occurred, on the date stated above, at 1145A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus Mitral & Renal

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Antony L Catalesta, M. D.

Jan 22 1926 (Address) 1038 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem — DATE OF BURIAL 1/25 1926

20 UNDERTAKER Geo. J Ruth — ADDRESS 1735. Harford ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 06118

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 8-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter West

(a) RESIDENCE NO. 1503 N. Dallas St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary West

6 DATE OF BIRTH (month, day, and year) March 10-1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel

(c) Name of employer Co.

9 BIRTHPLACE (city or town)_____

(State or country) Richmond Va

PARENTS

10 NAME OF FATHER John West

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Va

12 MAIDEN NAME OF MOTHER Hattie Foster

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Va

14 Informant Mary West

(Address) 1503 N. Dallas

15 Filed_____ 19_____ RK. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Ball, M. D.
(Coroner)

1/23 1926 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial 1/23/26 19

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1725 Ashland Ave

Be sure that all items are answered. Do not use ditto marks. Make no erasures. Use ink. Write very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 06119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 197 E 06119

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Gray

(a) RESIDENCE NO. 1124 Orleans St. Ward Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	~~single~~ Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of ~~Gratt~~ Gray

6 DATE OF BIRTH (month, day, and year) Oct 6/1902

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	23	3	15	

8 OCCUPATION OF DECEASED 086

(a) Trade, profession or particular kind of work Peeler (Tomato)

(b) General nature of indnstry, business, or establishment in which employed (or employer) Packing House

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Suffolk Va

PARENTS

10 NAME OF FATHER George Nubbin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Adaleine Rogers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant George Gray (brother)

(Address) 1124 Orleans St.

15 Filed ....., 19 ..... RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 21/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis due to pistol wounds -Homicide

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Collins, M. D.

(Coroner)

1/21/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial 1/24/26

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1725 Ashland Ave

OF DEATH in plain terms, so that no doubt may exist. The date of birth in each case is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16 V E 6120

CERTIFICATE OF DEATH.

E 06120

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 14-1 WARD)

2-FULL NAME Baby Wideman

(a) RESIDENCE NO. 1918 Madison Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 18 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Crosby Wideman

11 BIRTHPLACE OF FATHER (city or town) New York
(State or country) N.Y.

12 MAIDEN NAME OF MOTHER Eliz. Saunders

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) Pa

14 Informant W. E. Sisson
(Address)

15 Filed . . . . . 19 . . . . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to Jan 20, 1926, that I last saw her alive on Jan 20, 1926, and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. E. Sisson, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lowe Cemetery	Jan 25 1926
20 UNDERTAKER	ADDRESS
Wm R. C. Elliott	725 Ashland Av

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

(Reckert) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

06121 06121

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hol Am Hos (ST.) 21-3 (WARD)

2-FULL NAME John F. Reckert

(a) RESIDENCE NO. 1036 W. Barre ST. WARD 7

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Reckert

6 DATE OF BIRTH (month, day, and year) Feb. 5th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	11	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Coal Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER George Reckert

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER May E. Hunter

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Elizabeth Reckert (Address) 1036 W. Barre st

15 Filed ..... , 192 ..... RLK. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

Jan 26, 192 (Address) 1143 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Jan 26 1926

20 UNDERTAKER F. A. Krause & Son ADDRESS 703 Hanover

Spec.—1-12-23—M&T—500 Bks.

Annie Melamet.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06122

90 E 06122

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Park Ave., St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. David S. Melamet

(a) RESIDENCE NO. 817 Park Ave., St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of David S. Melamet

6 DATE OF BIRTH (month, day, and year) 1-27-1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	11 12	26 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cape Town, South Africa (State or country)

PARENTS

10 NAME OF FATHER Otto Hirsing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Annie Kottge

13 BIRTHPLACE OF MOTHER (city or town) Cape Town (State or country) South Africa

14 Informant David S. Melamet (Address) 817 Park Ave.

15 Filed ....., 19 .... H K · Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1926. to Jan. 23, 1926.

that I last saw her alive on Jan. 23, 1926,

and that death occurred, on the date stated above, at 4 A.M. m.

The CAUSE OF DEATH* was as follows:

Chronic arterio sclerotic Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John G. Hucke, M. D.

, 19 (Address) 1010 St. Paul St.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~, CREMATION OR ~~REMOVAL~~ Loudon Park

DATE OF BURIAL 1/25 1926

20 UNDERTAKER Henry W. Means & Son

ADDRESS 805 N. Calvert St.

TION IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

06123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-1

1 E 06123

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Greenmount Ave WARD)

2-FULL NAME Charlotte M Rogers

(a) RESIDENCE NO. 1216 Greenmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): JULY 5 - 1919

7 AGE: Years 6 Months 6 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles F Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ella Ebbinghaus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Ella F Rogers

(Address): 1216 Greenmount Ave

15 Filed JAN 25 1926, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): JAN 24 1926

17 I HEREBY CERTIFY, That I attended deceased from JAN 19 1926, to JAN 24 1926, 19

that I last saw h alive on JAN 24 1926

and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

after Measles

(duration) X yrs. X mos. 2 ds.

CONTRIBUTORY (Secondary) Measles

(duration) X yrs. X mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of X

Was there an autopsy? no

What test confirmed diagnosis? Eruption

(Signed) D H Dukes M. D.

JAN 24 1926 (Address) 4282 Norfolk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 28 1926

20 UNDERTAKER: Wilbur W Skinner — ADDRESS: 1618 Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks. Thomas White

E. 6124. HEALTH DEPARTMENT—CITY OF BALTIMORE E 06124

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 W. Fayette St. St. 14-1 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas White

(a) RESIDENCE NO. 1423 W. Fayette St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor J.O.M. Hall

(b) General nature of industry, business, or establishment in which employed (or employer) Fayette St. 0?0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Margaret Leon

(Address) 1423 W. Fayette St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

JAN 25 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1925 to Jan 23. 1926.

that I last saw him alive on Jan. 18. 1926.

and that death occurred, on the date stated above, at 9.15 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion.

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Robert C. Blake, M. D.

1-23. 1926 (Address) 1014 W. Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Jan 25 1926

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 W Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06125

CERTIFICATE OF DEATH.

1926 E 06125

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST. 1354 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr Harry C. Algire

(a) RESIDENCE NO. 3640 Roland ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Odo. Grimm Algire

6 DATE OF BIRTH (month, day, and year) Aug 31 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Doctor 54

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER George Algire

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co.

12 MAIDEN NAME OF MOTHER Mattie Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co

14 Informant Mr Odo G. Algire (Address) 3640 Roland Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 24, 1926, that I last saw him alive on Jan 24, 1926 and that death occurred, on the date stated above, at 4:15 a m.

The CAUSE OF DEATH* was as follows:

Compound comminuted Fracture Right Tibia + Fibula -

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia -

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Clement R. Mouser, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Jan 26 1926

20 UNDERTAKER A S Marshall ADDRESS 3539 Falls Rd

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 06126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 06126

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 S. Smallwood St. 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rita Madaline Mannion

(a) RESIDENCE No. 16 S. Smallwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov 6-1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Michael Mannion

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Agnes T. Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Agnes T. Mannion (Address) 16 S. Smallwood St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1925, to Jan 22, 1926, that I last saw her alive on Jan 22, 1926, and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of right kidney

(duration) over 7 mos 13 ds.

CONTRIBUTORY (Secondary) None

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? X ray.

(Signed) Henry C. Alsa, M. D.

Jan 22 1926 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL 1-25 1926

20 UNDERTAKER Robert Brooks & Son — ADDRESS Calhoun Holliday sts

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

E 06127.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 06127.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 3608 Woodbourne

CITY OF BALTIMORE: (No.) 3608 Lenthal ave (St.) (Ward) 46

2-FULL NAME William S. Meakin

(a) RESIDENCE No. 408 E Old Spring Lane St., WARD 27th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emily Meakin

6 DATE OF BIRTH (month, day, and year) Jan. 24 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER William Meaken

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ambrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant John D. Meakin

(Address) 408 E Old Spring Lane

15 Filed ....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9 1926 to Jan. 21 1926.

that I last saw him alive on Jan. 21 1926

and that death occurred, on the date stated above, at 11-15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency, Decompensation, Acute Endocarditis.

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) M. Gibson Porter M. D.

1/22 1926 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Jan. 25 1926

20 UNDERTAKER A. Wedefeld Jr ADDRESS 501 E 20 St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06128

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 161 E 06128

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 111 Lemmon St. (Ward) 25-3

2-FULL NAME Baby Plater

(a) RESIDENCE NO. 111 Lemmon St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

for minutes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 23/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Plater Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm Plater

(Address) 111 Lemmon St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926 to Jan 23, 1926

that I last saw him alive on Jan 23, 1926

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Premature birth

atelectasis

for minutes

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mother Labor

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly M. D.

1/26 1926 (Address) 327 West

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 25 1926
20 UNDERTAKER Harry H Kutzke	ADDRESS 631 Windsor

TION is very important. See instructions on back of certificates.

JAN 25 1926

Spec.—1-10-21—M&T—1500 Bks.

E 06129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 06129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 S Gilmor St., ST. 19-2 WARD)

2-FULL NAME Lena Seyfried,

(a) RESIDENCE NO. 209 S Gilmor St., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Henry Seyfried

6 DATE OF BIRTH (month, day, and year) April 4, 1835

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Phillip N. Kalmar

(Address) 209 S Gilmor St.

15 Filed JAN 25 1926 Registrar RJK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 19 26, to Jan 22, 19 26.

that I last saw her alive on Jan 21, 19 26,

and that death occurred, on the date stated above, at 12.40 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia -

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis.

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) W. J. Hamman M. D.

1/24 19 26 (Address) 1822 W. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Melvale Cemetery Elkridge Md

DATE OF BURIAL Jan 25 1926

20 UNDERTAKER Harry H. Weitzel

ADDRESS Irvington

TION is very important. See instructions on back of certificates.

E 06130

HEALTH DEPARTMENT—CITY OF BALTIMORE

06130

CERTIFICATE OF DEATH.

Registered No. C 188-003

1-PLACE OF DEATH

City of BALTIMORE: (No. Mw Hospital St., 72-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Edward Davis.

(Residence in Baltimore: No. 2 W Conway St.; 57 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-DATE OF BIRTH. Nov 22 (Month) (Day) 1875 (Year)

7-AGE. 50 yrs. 2 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. John M Davis

11-BIRTHPLACE OF FATHER. (State or Country). Md

12-MAIDEN NAME OF MOTHER. Josephine Wormley

13-BIRTHPLACE OF MOTHER. (State or Country). Washington D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella White

(Address) 816 Sharp St

15-

Filed ..... 192 .....

RK Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 20 (Month) (Day) 26 (Year) 192

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto Accident

Fracture of Skull.

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. J. C. Bades M. D.

Jan 24 192 (Coroner) (Address) 143 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. Jan 25 1926

20-UNDERTAKER. J. L. Thrower & Son

ADDRESS 165 W. Monroe St

JAN 25 1926 HAMPSON-JONES, M.

Spec.—1-10-21—M&T—1500 Bks.

E 06131

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Md - West Baltimore General Hospital

CITY OF BALTIMORE: (No.) 2632 (ST.,) Florence (WARD) 15

REGISTERED NO. 5-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lavenia Mills

(a) RESIDENCE NO. 2632 Florence ST., WARD 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mills

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C

PARENTS

10 NAME OF FATHER andrew davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER pinkey nichols

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C

14 Informant mack davis

(Address) 343 N. dallas st

15 Filed ..... 19 ..... Registrar

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1926, to Jan 22, 1926, that I last saw h-er alive on Jan 22, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

~~Shock following Operation~~

Labor - Transverse Presentation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock following Operation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 22, 1925

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. E. Shannon, M. D.

, 19 (Address) 700 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Littleton N. C — DATE OF BURIAL Jan 26, 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1631 Orleans st

JAN 25 1926 C. HAMPTON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06132 E 06132

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Hopkins

(a) RESIDENCE NO. 1403 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored ~~White~~

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1923

7 AGE: Years 3 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rosella Wise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19th, 1926, to Jan. 22nd, 1926, that I last saw h-m alive on Jan. 22nd, 1926, and that death occurred, on the date stated above, at 7 A - m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Alexander J. Chaffee, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Jan 25 1926

20 UNDERTAKER: Mrs Jas. N. Dennis per F. A. Nelson. — ADDRESS: 1303 Eastman St

JAN 5 1926 HAMPSON JONES, M. D.

K/C.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 06133

HEALTH DEPARTMENT—CITY OF BALTIMORE

113

E 06133

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 166 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Prince

(a) RESIDENCE NO. 1511 Lawrence ST. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 26, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER Fred. Prince

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Anna Coldner.

13 BIRTHPLACE OF MOTHER (city or town) Balt. (State or country) Md.

14 Informant Anna Prince (Address) 1511 Lawrence St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1926, to Jan 21, 1926, that I last saw h. alive on Jan 21, 1926, and that death occurred, on the date stated above, at 6:10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Illocolitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John P. O'Connor, M. D.

, 19 (Address) 1122 Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Jan 25, 1926

20 UNDERTAKER Mrs Geo. H. Dennis Rel T. E. Nelson

ADDRESS 1137 Pennsylvania Ave

DEC 5 1926 HAMPSON JONES, M.D.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06134

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06134

CERTIFICATE OF DEATH.

16-1 90

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1015 N. Paulson St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... William H. Smith Jr.

(a) Residence No. 1015 Paulson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Mrs. Margaret Smith

6-DATE OF BIRTH (month, day and year) 17 Dec 1873

7-AGE, 53 yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Stenciller

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town)... Balt. (State or Country),

PARENTS.

10-NAME OF FATHER, Wm H. Smith

11-BIRTHPLACE OF FATHER (city or town)... Balt. (State or Country),

12-MAIDEN NAME OF MOTHER, Catherine Paulson

13-BIRTHPLACE OF MOTHER (city or town)... Balt. (State or Country),

14- (Informant)... Mrs. Wm H. Smith

(Address)... 2111 Pinson Ave

15- Filed....., 192.... R K Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 24, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926, to Jan 24, 1926, that I last saw h. alive on Jan 17, 1926, and that death occurred, on the date stated above, at 12:55 A.m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(Duration)...yrs...mos. 1 wk, ds.

CONTRIBUTORY (Secondary) Chr. myocarditis

(Duration) 4 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) J. A. Sugarman, M. D.

, 19 (Address) 1970 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR ~~REMOVAL~~, Westerns — DATE OF BURIAL, JAN 27 1926

20-UNDERTAKER, Geo W Little — ADDRESS 2700 EDMONDSON AVE.

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

88233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06135

E 06135

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

2-FULL NAME Annie Uller

(a) RESIDENCE No. 2220 Rodgers Ave 2.02.41 St St Norfolk WARD 2a

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Practical Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) 048

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Reisterstown Maryland

PARENTS

10 NAME OF FATHER Andrew Uller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant ..... (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 25 1926, 19 ..... Registrar HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926, to Jan 24, 1926, that I last saw her alive on Jan 24, 19 26, and that death occurred, on the date stated above, at 5:10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of gall bladder

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan. 22, 1926

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) C S Keefer, M. D.

Jan 24 1926 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Reisterstown Asbury Cemetery, Md

DATE OF BURIAL JAN 26 1926

20 UNDERTAKER Geo W Little

ADDRESS 2706 EDMONDSON AVE.

CAUSE OF DEATH must be plainly written, so that it may be understood by physicians. See instructions on back of certificates.

Spec.—8-24-.4—M. & T.—2000 Bks.

E 06136

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06136

CERTIFICATE OF DEATH.

6-1 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 Jefferson St. WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin F. Lewis

(Residence in Baltimore: No. 1801 Jefferson St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH, Dec. (Month) 23 (Day), 1853 (Year)

7-AGE, 72 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Kendel M. Lewis

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Amanda Covington

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Maud Lewis

(Address) 1801 Jefferson St.

15-

Filed ....., 191.....

RK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 23 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10 1926, to Jan 23 1926, that I saw h— alive on Jan 23 1926, and that death occurred, on the date stated above, at 11 5 a.m.

The CAUSE OF DEATH* was as follows:

arteri-sclerosis-

myocarditis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) apoplexy

(Duration) yrs. 13 mos. ds.

(Signed) J. Frederick Lutz M. D.

Jan. 23, 1926 (Address) 2041 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, Jan. 24.. 1926

20-UNDERTAKER Wm. C. Slade ADDRESS 927 N. Broadway

important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06137.

CERTIFICATE OF DEATH.

E 06132

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4815 Harford St., 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Aston

(a) RESIDENCE NO. 4815 Harford St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE~~ of Mary E. Aston

6 DATE OF BIRTH (month, day, and year) June 20-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) B.&O.R.R. Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Andrew Aston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER ——— Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lawrence Aston

(Address) 1301 E. Franklin St.

15 Filed ....., 19 .....

R.E.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926 to Jan 23, 1926, that I last saw h— alive on Jan 22, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hamorrhage

(duration) ..... yrs. ..... mos ..... ds,

CONTRIBUTORY (Secondary) Senile Arterio Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Claud Jones, M. D.

Jan 23 1926 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan. 26 1926
20 UNDERTAKER	ADDRESS
Mrs. Albert E. Fuller	4806 Harford Ave.

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06138 001

CERTIFICATE OF DEATH.

E 06138

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) January 23rd, 1926 ST. 27-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm J Malbie

(a) RESIDENCE NO. 3 Rosbury Place ST., Mt Washington WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Mrs Dorothy Malbie

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorothy Dippel Malbie

6 DATE OF BIRTH (month, day, and year): Aug 26-1867

7 AGE: Years 58 | Months 7 | Days 27 | If LESS than 1 day, hrs. or min. 23

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Attorney

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Silas B Malbie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Angie Van Demon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant (Address): Mrs. Dorothy Malbie 3 Rosbury Place Mt Wash

15 Filed ..... 19 ..... RYK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 23rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14th, 1926, to Jan. 23rd, 1926, that I last saw him alive on Jan. 23rd, 1926, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary): Cardiac Failure.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Clin. Lab. findings

What test confirmed diagnosis?

(Signed) Francis Powell, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem — DATE OF BURIAL: Jan 25 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W Fayette St

Cor.—1-12-23—M&T—500 Bks.

Hom Kwong Koom

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06139

E 06139

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 W Maryland St. WARD)

2-FULL NAME Hom Gong Kuhn

(a) RESIDENCE NO. 403 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	chinese	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundryman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) China
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) China

12 MAIDEN NAME OF MOTHER Hom Ling Loy.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) China

14 Informant Hom Lin
(Address) 25 N. Liberty

15 Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) 1/26 G A Stadel, M. D.
(Coroner)

Jan 1, 192 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL Jan 25 1926

20 UNDERTAKER John O Mitchell — ADDRESS 201 W Fayette St

TION is very important. See instructions on back of certificate.

Cor.—1-12-26—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06140

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 338 N. Carrollton ave ST., 18-1 WARD)

REGISTERED NO. 74. 06140

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Eisenhardt Sr

(a) RESIDENCE NO. 338 N. Carrollton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose P. Eisenhardt

6 DATE OF BIRTH (month, day, and year) Feb 25/1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	10	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk in Auto Commissioners office
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER John A. Eisenhardt

11 BIRTHPLACE OF FATHER (city or town) M.
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Markoff

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Geo. J. Eisenhardt
(Address) Hoffman Park, Md.

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Not Official

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jas. R. C. Norton, M. D.
(Coroner)

Jan 24, 1926 (Address) Curtis Bay, Md.

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Jan 26 1926

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06141

CERTIFICATE OF DEATH.

101 E 06141

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1043 S. Sharp St. 23-1 WARD)

2-FULL NAME Louise Simon

(a) RESIDENCE NO. 1043 S. Sharp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Simon

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work @ home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Bill Hennessy

11 BIRTHPLACE OF FATHER (city or town) Eastern Shore (State or country) Maryland —

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Frank Simon

(Address) 1043 S Sharp St

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/23 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/18, 1926, to 1/23, 1926, that I last saw her alive on 1/22, 1926, and that death occurred, on the date stated above, at 5 40 a/m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? none

(Signed) Dan Francheni, M. D.

1/23, 1926 (Address) 1122 E Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 1/25 1926

20 UNDERTAKER Samuel Schneider

ADDRESS 5 Park Pl

TION IS very important. See instructions on back of this

Spec.—1-10-21—M&T—1500 Bks.

E 06142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+60-001

E 06142

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sophie H. Bolgiano

(a) RESIDENCE NO. Towson, Md. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced (or) WIFE of John Bolgiano (d).

6 DATE OF BIRTH (month, day, and year) Nov. 4th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Washington D.C. (State or country)

PARENTS

10 NAME OF FATHER L. P. Henninghausen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Lang

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, (State or country) Md.

14 Informant Deceased (Address)

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/22/26, 19, to 1/24/26, 19, that I last saw her alive on 1/24/26, 19, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Graves disease —
Recurrent attack

(duration) about 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Larynx (duration) yrs. mos. 1½ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1/23/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George G. Finney, M. D.

1/24/26 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frospect Hill Cemetery Towson Md.

DATE OF BURIAL Jan 27 1926

20 UNDERTAKER Chas. G. Black

ADDRESS 742 W. North ave

TION is very important. See instructions on back of certificate.

JAN 25 1926 EARLSON JONES, M.

Spec.—1-10-21 M&T 1500 Bks.

Overcash.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 06143

CERTIFICATE OF DEATH.

E 06143

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132. S. Ellwood av ST. 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Romance David Overcash

(a) RESIDENCE NO. 132. South Ellwood av ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Overcash

6 DATE OF BIRTH (month, day, and year): Nov. 15-1888

7 AGE: Years 37 | Months 2 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Thomas Overcash

11 BIRTHPLACE OF FATHER (city or town) (State or country): N C.

12 MAIDEN NAME OF MOTHER: Emma A. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant: Helen O'Neucash

(Address): 132. South Ellwood av.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 23, 1926

that I last saw ~~him~~ alive on Jan 23, 1926.

and that death occurred, on the date stated above, at 7 30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar - Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Symptoms

(Signed) John H. Timmes M. D.

Jan 24, 19 (Address) 35 N. Potomac St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: Jan 25, 19 26

20 UNDERTAKER: John A. Mosser

ADDRESS: 3000 E Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 06144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 06144

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Madison Ave. ST. 13-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agatha Hamman

(a) RESIDENCE NO. 2500 Madison Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60+ yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Hamman

6 DATE OF BIRTH (month, day, and year) Aug. 14th - 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	5	10	

8 OCCUPATION OF DECEASED None.

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Fritzlar. (State or country) Germany

PARENTS

10 NAME OF FATHER Michael Haseneyer.

11 BIRTHPLACE OF FATHER (city or town) Fulda (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Singer

13 BIRTHPLACE OF MOTHER (city or town) Fritzlax (State or country) Germany.

14 Informant Louis Hamman (Address) 1107 St. Paul St.

15 Filed ....., 19 .... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12th, 1926, to Jan. 24th, 1926.

that I last saw her alive on Jan 24th 1926.

and that death occurred, on the date stated above, at 11 30 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Disease.

(duration) about 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Gall Stones: Diabetes: Arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis Hamman, M. D.

, 19 (Address) 1107 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 26 1926
20 UNDERTAKER	ADDRESS
Henry Watkins & Sons	Broad & Madison

TION IS VERY important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 06145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 E 06145

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1931 N. Eutaw ST., 14-2 WARD)

2-FULL NAME William J. Fox

(a) RESIDENCE NO. 1931 N. Eutaw ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Strow Fox

6 DATE OF BIRTH (month, day, and year): Dec 26th 1856

7 AGE: Years 69 | Months — | Days 27 28 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Accountant

(b) General nature of industry, business, or establishment in which employed (or employer): General Mdse

(c) Name of employer: American Wholesal Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles A. Fox

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Eliza OBrien

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Charles A. Fox Jr
(Address): 1202 Bolton St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1.23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 19th, 1926, to Jan 23d, 1926,

that I last saw him alive on Jan 23, 1926,

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) 5- yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) L. D. Leitzell, M. D.

1.23, 1926 (Address) 211 N. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cathedral Cem — DATE OF BURIAL: Jan 26 1926

20 UNDERTAKER: Henry Hopkins & Son — ADDRESS: Orchard & Calhoun

FOR is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06146

CERTIFICATE OF DEATH.

31 E 06146

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 407 S. Washington ST. 2-1 WARD)

2-FULL NAME William J. Coburn

(a) RESIDENCE NO. 407 S. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Coburn.

6 DATE OF BIRTH (month, day, and year) Nov. 20 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman 061

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore County

(c) Name of employer

9 BIRTHPLACE (city or town) Louisiana (State or country)

PARENTS

10 NAME OF FATHER Forrest Coburn

11 BIRTHPLACE OF FATHER (city or town) Louisiana (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Mary Coburn (Address) 407 S. Washington St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1925, to Jan 22, 1926, that I last saw h[illegible] alive on Jan 21, 1926, and that death occurred, on the date stated above, at 6.10 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

duration 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

duration yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Leo. Kelly M. D.

1/23, 19 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL Jan 26 1926

20 UNDERTAKER Henry Sander & Sons Inc. — ADDRESS 1710 Fleet St

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

Rapisardo

E 06147

HEALTH DEPARTMENT—CITY OF BALTIMORE

(1-001)

06147

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3517 Clarmont ave St., 16-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonio Rapisarda

(a) Residence No. 3517 Clarmont ave St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, ~~Widowed, or Divorced,~~ (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) May 19-1922

7-AGE, 3 yrs. 8 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Rapisarda

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Rosa Gargano

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14-

(Informant) Joseph Rapisarda

(Address) 3517 E. Clarmont st

15-

Filed ....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 24-26

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1925, to Jan 24, 1926

that I last saw h~~im~~ alive on Jan 24, 1926,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Empyema.

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

..... (Duration) ..... yrs. ..... mos. 8 ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Joseph L. Valvitore M. D.

Jan 25, 1926 (Address) 14 So Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 26th, 1926

20-UNDERTAKER, Frank V Pepitone — ADDRESS 1800 E. 32nd

2-5-1926 HAMPSON JONES, M. D.

Cor.—1-12-23—M&T—100 Bks.

E 06148

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 06148

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 N. Henrietta St. ST 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel R. Alston. (C)

(a) RESIDENCE NO. 431 N. Henrietta St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married.

5a If married, ~~WIDOWED OR DIVORCED~~ HUSBAND of ~~WIFE OF~~ Victoria Alston. (C)

6 DATE OF BIRTH (month, day, and year) August 27, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	4	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Presser
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina.

PARENTS

10 NAME OF FATHER John Alston. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Elizabeth Limes. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina.

14 Informant Victotia Alston. (C) wife.
(Address) 431 N. Henrietta St.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23° 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Steinhardt, M. D. (Coroner.)

Jany. 25, 1926 (Address) 1011 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cemetery

DATE OF BURIAL 1/26 1926

20 UNDERTAKER Wade H. Spaige

ADDRESS 1811 Hamburg St.

Spec.—1-10-21—M&T—1500 Bks.

E 06149

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06149

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Josephs Hospital REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver St., WARD)

2-FULL NAME Mrs Katherine Hartlove

(a) RESIDENCE No. 416 Augusta Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William A. Hartlove

6 DATE OF BIRTH (month, day, and year): July 4 1859

7 AGE: 66 Years | Months 6 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: ? Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mr. Wm A. Hartlove
(Address) 416 Augusta Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/23/26 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/18/26, 1926, to 1/23/26, 1926, that I last saw her alive on 1/23/26, 1926, and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:
Renal calculi with pyonephrosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute uremia
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? 1/24/26 Date of 1/21/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) H. R. McConnell, M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. | DATE OF BURIAL: Jan 26 1926

20 UNDERTAKER: Wm Fletcher Sons | ADDRESS: Mott St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 06150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 06150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3x1x Gwynn Oak Ave. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jenny McFarland

(a) RESIDENCE NO. 3x1x Gwynn Oak Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 7 mos. xx ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 31-1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	7	21	xx

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER John McFarland

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Anthony

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Mr. A. McFarland
(Address) Homewood Ave.

15 Filed JAN 25 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan xx 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1926, to Jan 22, 1926, that I last saw h[illegible] alive on Jan 22, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Palmer Gorrn, M. D.

1/24/26 (Address) 3405 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL Jan 26 1926

20 UNDERTAKER Wm J. Buckner & Bro

ADDRESS N. Pa. Ave.

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Diggins

E 06151 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 06151

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 W. Saratoga ST. 19-1 WARD)

2-FULL NAME John Huggins

(a) RESIDENCE NO. 1613 W. Saratoga ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	negro	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Huggins

6 DATE OF BIRTH (month, day, and year) Dec 10-1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer 057

(b) General nature of industry, business, or establishment in which employed (or employer) Jobbing

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Wilmington N C

PARENTS

10 NAME OF FATHER Simon Huggins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Agnes Huggins (Wife)

(Address) 1613 W. Saratoga.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 19 26, to Jan 23, 19 26

that I last saw him alive on Jan 23, 19 26

and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy 2d Chr. Interstitial nephritis

Contributory duration

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) 2 yrs. 2 mos. 1 ds.

18 Where was disease contracted if not at place of death? At place of work

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Watts J. Bailey, M. D.

, 19 (Address) 1632 W Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington N C

DATE OF BURIAL Jan 29 1926

20 UNDERTAKER Dame Easton

ADDRESS 916 Penna.

JAN 5 1926 HAMPSON'S

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Nov 25-25

E 06152

CERTIFICATE OF DEATH.

E 06152

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 W. Lexington ST., 18-1 WARD)

2-FULL NAME Evelyn Smith

(a) RESIDENCE NO. 830 W Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/25/23

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2 14		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Clarence Smith

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Beatrice Jackson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Beatrice Smith
(Address) 830 W Lexington St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 19 26

17

I HEREBY CERTIFY, That I attended deceased from Jan 17, 19 26, to Jan 25, 19 26,

that I last saw h alive on Jan 24, 19 26

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Measles,

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F H Norwood, M. D.

Jan 25 19 26 (Address) 1394 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL M & T Cemetery — DATE OF BURIAL 1/27 1926

20 UNDERTAKER Frank Easton — ADDRESS 916 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 06153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103

E 06153

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3507 (Benson St.) ST., 13 (13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie V. Hann

(a) RESIDENCE NO. 3507 Benson St. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): March 4-1840

7 AGE — Years: 85 — Months: 10 — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

PARENTS

10 NAME OF FATHER: Charles Hann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Miss. Eliza A. Hann

(Address): 3507 Benson St.

15 Filed , 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from — , 1923, to Jan 23, 1926, that I last saw h er alive on Jan 22 1926 and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Age (Anamitism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) G. W. Dewitt M. D.

1/24/26 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft. Marys (Hampden) — DATE OF BURIAL: Jan. 26-26

UNDERTAKER: Horace H. Burgee — ADDRESS: 3631 Falls Road

TION IS very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co. 1000 Blks.

E 06154

HEALTH DEPARTMENT—CITY OF BALTIMORE

7+-001 06154

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Homestead St. 9-3 ST. WARD)

2-FULL NAME Ann Catharine Meeker.

(a) RESIDENCE. No. 700 Homestead ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Meeker

6 DATE OF BIRTH (month, day, and year): Jan. 7-1844

7 AGE — Years: 82 — Months: — Days: 17 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Frederick Co. Maryland

PARENTS

10 NAME OF FATHER: James Keiler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Wm. C. Kiddy (Address) 700 Homestead St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to Jan 24, 1926, that I last saw her alive on Jan 23, 1926, and that death occurred, on the date stated above, at 3. P. m.

The CAUSE OF DEATH* was as follows:

Clot in the Ventricle of brain resulting in paralysis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) G. L. Buckley, M. D.

, 19 (Address) 126 W Belvedere Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Jan. 26 1926

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 3631 Falls Rd

FORM B 1925 REVISED

Cor.—1-12-23—M&T—100 Bks.

E 06155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X178 E 06155

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mer Hospt. ST., 4-1 WARD)

2-FULL NAME Saml Boone Jr.

(a) RESIDENCE NO. Glenburnie. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret M. Boone

6 DATE OF BIRTH (month, day, and year) July 20 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Samuel Boone

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Jane Gray

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Margaret M Boone (Address) 2903 McElderry St

15 Filed ....., 192 ..... B.K. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Cor-
Pneumonia -
(duration) ..... yrs. ..... mos. 3 - ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. McGlade, M. D.
(Coroner)
Jan 22 192 6 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Jan 25 192 6
20 UNDERTAKER John F. Denny	ADDRESS 715 Eight St

Cor.—1-12-23—M&T—100 Bks.

Dorance A. Allers

E 96156 HEALTH DEPARTMENT—CITY OF BALTIMORE E 96156

CERTIFICATE OF DEATH.

REGISTERED NO. 14-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Same~~ 900 block north Eutaw Place ST., 11-2 WARD)

2-FULL NAME Dorance Allers

(a) RESIDENCE NO. Same ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 12 1888

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	8	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER W. A. Allers

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Helen Porter

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant W. A. Allers
(Address) 327 Hollins

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Duration ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

Duration ..... yrs. ..... mos. ..... ds.

(Signed) [illegible], M. D. (Coroner.)

Jan 23, 1926 (Address) 16 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	Jan 27 1926

20 UNDERTAKER John F. Denny ADDRESS 715 Eight St

Spec.—1-10-21—M&T—1500 Bks.

E 06157. HEALTH DEPARTMENT—CITY OF BALTIMORE E 06157.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., 12 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Schneider

(a) RESIDENCE NO. 60 N. Palmetto Ave., WARD Cocoa, Fla.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. John W. Schneider

6 DATE OF BIRTH (month, day, and year) May 2 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34 33	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Station agent 013

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Michael Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Nellie Eldred

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Ramona Schneider (Address) Rockledge (Florida)

15 Filed ..... , 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1926. to Jan. 24, 1926. that I last saw him alive on Jan. 24, 1926 and that death occurred, on the date stated above, at 5.00 m.

The CAUSE OF DEATH* was as follows:

Cardiac dilation (over)

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? .....

(Signed) Charles Holmes Bryant M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockledge (Florida) DATE OF BURIAL 1/25 1926

20 UNDERTAKER William Cook ADDRESS 507 E. North St.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 06158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

65-001

E 06158

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 2-6 WARD)

2-FULL NAME Mr. Lewis C. Falkenthal

(a) RESIDENCE NO. 2213 Eutaw Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5 If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Fannie Falkenthal

6 DATE OF BIRTH (month, day, and year) April 15-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	57	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Fuels Lay 4/9

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER Louis Falkenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Fannie Falkenthal

(Address) 2213 Eutaw Place

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1926, to Jan. 25, 1926, that I last saw him alive on Jan. 25, 1926 and that death occurred, on the date stated above, at 7.10 A. m.

The CAUSE OF DEATH* was as follows:

Leukemia, splenomyelogenous

(duration) ..... yrs. ..... mos ? ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests.

(Signed) Hubert S. Porterfield, M. D.

1/25, 1926 (Address) Church Home Infirmary.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia — DATE OF BURIAL 1/27 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E Mt Royal

TION is very important. See instructions on back of certificates.

C. HARRISON JONES, M.

Spec.—1-10-21—M&T—1500 Bks.

Lt Blood — 2438 Maryland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06159 — 31 E 06159

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 407 West 23rd St., 12-2 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Uhlhorn

(a) RESIDENCE No. 407 West 23rd St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles P. Uhlhorn

6 DATE OF BIRTH (month, day, and year): Feb 29 1892

7 AGE — Years: 33 — Months: 10 — Days: 24 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thos H. Wallis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Isabella Donnelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Chas P Uhlhorn

(Address) 407 West 23rd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-23, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1923, to Jan 23, 1926, that I last saw her alive on Jan 22, 1926 and that death occurred, on the date stated above, at 12-3 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cardiac suffering

(duration) ... yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Roscoe Kruse, M. D.

Jan 26 1926 (Address) 2438 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 1/26 1926.

20 UNDERTAKER: W. Cook — ADDRESS: 502 E North

RK.

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

Triggs

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06160

100-001

CERTIFICATE OF DEATH.

E 06160

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Harlem ave ST., 15-8 WARD)

2-FULL NAME Blanche E Triggs

(a) RESIDENCE No. 2021 Harlem ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 16, 1924

7 AGE — Years: 1 | Months: 4 | Days: 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Melvin F. Triggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): East Va.

12 MAIDEN NAME OF MOTHER: Ethel Foner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant (Address): Melvin F Triggs 2021 Maryland Ave

15 Filed ....., 192 .....

RJK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(over)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] (Coroner.), M. D.

Jan 24, 192 6 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampton — DATE OF BURIAL: Jan 26 192 6

20 UNDERTAKER: Wm Cook — ADDRESS: 5029 Fordham

Cor.—1-12-23—M&T—100 Bks.

Gelletly

E 06161

HEALTH DEPARTMENT—CITY OF BALTIMORE

-001

74E 06161

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Homewood Ave ST. 12-3 WARD)

2-FULL NAME James F. Gelletly

(a) RESIDENCE NO Round Bay Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvia Gelletly.

6 DATE OF BIRTH (month, day, and year) Mar 12, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	10	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Silver Chaser
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Stiff & Co.

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Chas. J. Agle
(Address) Kenwood Ave Catonsville

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible], M. D.
(Coroner.)

Jan 24, 1926 (Address) 1672 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Jan 25 1926
20 UNDERTAKER	ADDRESS
Baltimore Cook	502 E Fayette

Spec.—1-10-21—M&T—1500 Bks.

Dr Watson Clin 1224 St

06162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 OL 06162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 St. Charles ST. 17-23 WARD)

2-FULL NAME Margaret C Graham

(a) RESIDENCE No. 2224 St. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1846

7 AGE Years 79 Months 2 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Richard Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Ellen Ireland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Robert Cole (Address) 3800 Egerton Road

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Jan 23, 1926, that I last saw her alive on Jan 22, 1926 and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage (right hemiplegia)

(duration) yrs. mos. One ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm V Watson M. D.

Jan 24 1926 (Address) 212 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount DATE OF BURIAL Jan 25 1926

20 UNDERTAKER Wm Cook ADDRESS 572 Hollins

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Dr. Kinnaman 2200 Harford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06163

E 06163

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1719 Pulaski ST. 15-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hester Pyle

(a) RESIDENCE NO. 1719 Pulaski St ST., WARD (If non-resident give city or town and State) Harford Co Md.

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jessie H Pyle

6 DATE OF BIRTH (month, day, and year): Sept 26-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co Md

PARENTS

10 NAME OF FATHER: John D Grafton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Harkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mrs H Everett

(Address): Forest Hill Harford Co Md

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 24, 1926, that I last saw her alive on Jan 24, 1926, and that death occurred, on the date stated above, at 10:50 Am.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Organic Heart Disease

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fritz D Klumpp, M. D.

1/24/26, 19 (Address) 2200 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Hill Harford Co Md

DATE OF BURIAL: Jan 27 1926

20 UNDERTAKER: H. Cook

ADDRESS: Govt Hosp

TION is very important. See instructions on back of certificates.

E 06164 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06164

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. 410 W. Hoffman 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Frank Johnson

(Residence in Baltimore: No. 410 W. Hoffman St.; 2 yrs., 8 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	Sing G

6-DATE OF BIRTH. May 5 1923
(Month) (Day) (Year)

7-AGE. 2 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of Industry, business, or establishment in which employed (or employer)..... 0

9-BIRTHPLACE. (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas. Johnson

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Johnson

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stella Henson

(Address) 410 W. Hoffman

15-

Filed..... 192.....

K K. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 23 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchs Pneumonia

(Duration)..... yrs..... mos. 4 ds.

CONTRIBUTORY (Secondary) no other history

(Duration)..... yrs..... mos..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Jan 24 1926 (Address) 2 E 22 Eutaw St

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel cemetery	Jan 25 1926

20-UNDERTAKER.	ADDRESS
Edward Bryan	1691 orleans st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

65-001

E 06165

E 06165

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 19-W WARD)

2-FULL NAME Owen Pugh

(a) RESIDENCE NO. 154 Fredericks ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 11, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Pulaski
(State or country) Va.

PARENTS

10 NAME OF FATHER Wm D. Pugh.

11 BIRTHPLACE OF FATHER (city or town) Salt Works
(State or country)

12 MAIDEN NAME OF MOTHER Annie F. Wyatt.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Wm. D. Pugh.
(Address) 114 E. Fenton

15 Filed , 19 , Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17th, 1925, to Jan. 25th, 1926,
that I last saw h e alive on Jan. 25th, 1926,
and that death occurred, on the date stated above, at 4:40 A m.
The CAUSE OF DEATH* was as follows:
Lymphatic Leukemia

(duration) yrs. 2 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Nd Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Picture

(Signed) J. Cyle Mayfield, Jr. M. D.
, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ Loudon Park DATE OF BURIAL Jan 27 19 26

20 UNDERTAKER Wm. A. Little ADDRESS 1700 Eutaw

TION IS very important See instructions on back of certificate.

C. HAMPSON JONES, M.D.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 06166

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

X

10E 06166

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Southern Branch

CITY OF BALTIMORE: (No.) 2520 Greenmount Ave ST.; (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine L. Robertson

(a) RESIDENCE. NO. 2520 Greenmount Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 31-1840.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wm V. Robertson

11 BIRTHPLACE OF FATHER (city or town) Virginia (State or country)

12 MAIDEN NAME OF MOTHER Mary A Rhea

13 BIRTHPLACE OF MOTHER (city or town) Washington D.C. (State or country)

14 Informant Mrs Mark Lake (Nice).
(Address) 328 Franklin Ave Hagerstown Md

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24 1926.

17 I HEREBY CERTIFY, That I attended deceased from January 6 . 1926 . to January 24 . 1926.
that I last saw her alive on January 24 . 1926.
and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Arteria-sclerosis

(duration) Unknown ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What (est confirmed) diagnosis? Hypostatic Pneumonia

(Signed) W. H. Rogers M. D.

. 19 (Address) 2439 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va

DATE OF BURIAL Jan 25 1926

20 UNDERTAKER Jas B Cook

ADDRESS 1003 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

06167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 E 06167

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. University Hospital ST., 703 WARD)

2-FULL NAME Margaret C. Shane

(a) RESIDENCE NO. 2019 N. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. 6 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5/ 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	42.	6.	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home. 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER John Stine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Cornelia Stine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Chas E. Shuder

(Address) 3320. Buena ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23d 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1926, to Jan. 23d, 1926,

that I last saw h[illegible] alive on Jan 23d, 1926,

and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemmorhage

acute Dilitation of Heart

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Thos J. Corcoran M. D.

1/24. 1926 (Address) Clinic Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick md Liberty Cem DATE OF BURIAL 1/27. 1926

20 UNDERTAKER J. Walter Davis ADDRESS 3307 Paine st

ATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

06168

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-004 06168

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hosp REGISTERED NO. 22-V

CITY OF BALTIMORE: (No. Caroline & Aliceanna Sts. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elyza Hopkins

(a) RESIDENCE No. 705 Bevan ST ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown -

7 AGE: Years 57; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housemaid - 090

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Moses Cornish -

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Harriett Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): St Joseph Hospital Records.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1926, to Jan 24, 1926, that I last saw her alive on Jan 24, 1926 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) B. M. Rhodes, M. D.

1/25, 1926 (Address) St Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: Jan 25 1926

20 UNDERTAKER: R. L Parham — ADDRESS: 906 Lexington

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Barker

E 06169

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06169

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1243 Hubert St. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Barker

(a) RESIDENCE NO. 1243 Hubert S ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Barker

6 DATE OF BIRTH (month, day, and year) Dec 26 1860

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	65	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer /

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Mrs Elizabeth Shaw

(Address) 1243 Hubert St

15 Filed . 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1925, to Jan 23, 1926, that I last saw her alive on Jan 21, 1926, and that death occurred, on the date stated above, at P m.

The CAUSE OF DEATH* was as follows:

Carcinoma

(Liver)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of about Xmas

Was there an autopsy? No

What test confirmed diagnosis? Laboratory.

(Signed) C Shaw, M. D.

, 19 (Address) 1215 Harmon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 26 1926

20 UNDERTAKER Chas. L Sterns. — ADDRESS 1501 2 Pont Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Bitzer

E 06170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 06170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1N 5 Gen Hospn ST. 15-3 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Bitzer

(a) RESIDENCE No. 2405 Barclay ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Eugene Bitzer

6 DATE OF BIRTH (month, day, and year) Feb 8, 1886.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	39	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Co Penna

PARENTS

10 NAME OF FATHER John Bitzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Francis Morrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co Md

14 Informant Kate Eugene Bitzer (Address) 2405 Barclay St

15 Filed , 19 R.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27/26 19

17 I HEREBY CERTIFY, That I attended deceased from 1/19/26 19 , to 1/27/26 19 ,

that I last saw h alive on 1/25/26 , 19 ,

and that death occurred, on the date stated above, at 1 00 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. days

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Jan 26 1926

UNDERTAKER Daniels Dyson — ADDRESS 1600 W North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06171

1-PLACE OF DEATH Homewood Hosp. 16-5 157 REGISTERED NO.

CITY OF BALTIMORE: (No. 2724 N Charles ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Stamp

(a) RESIDENCE No. 1922 Harlem ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A Stamp

6 DATE OF BIRTH (month, day, and year) Feb 9 64

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Bernard Werner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lewdin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John A Stamp

(Address) 1922 Harlem ave

15 Filed ....., 19 ..... R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1918 to Jan 24 1926

that I last saw h Eralive on Jan 24 1926

and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Uremia Med

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? 1922 Harlem ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Wm S Fetterolf M.D.

1-24 1926 (Address) 2724 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Jan 26 1926

20 UNDERTAKER W. M. Routson

ADDRESS 2235 N Mth

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06172 E 06172

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH St Joseph's Hosp. 8-2

CITY OF BALTIMORE: (No. Caroline & Eleventh Sts. ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Edward Taylor

(a) RESIDENCE NO. 1713 N. Port St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Augusta Taylor

6 DATE OF BIRTH (month, day, and year) Dec 24, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Maryland Biscuit Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Baynes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs Augusta Taylor (Address) 1713 N Port St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1925, to Jan 23, 1926,

that I last saw him alive on Jan. 23, 1926

and that death occurred, on the date stated above, at 2:45 a. m.

The CAUSE OF DEATH* was as follows:

Aortitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? None -

What test confirmed diagnosis? Clinical

(Signed) H. R. McConnell, M. D.

Jan. 28, 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 1/25 1926

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06173 E 06173

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1539. Cornell ST., 9-3 WARD)

2-FULL NAME Julia A. Root.

(a) RESIDENCE NO. 1539. Cornell st. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John S. Root.

6 DATE OF BIRTH (month, day, and year): Dec. 4/57

7 AGE: Years 73 Months 1 Days 18 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Clifford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Julia A. Clifford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt

14 Informant: John S. Root. (Address) 1539. Cornell st

15 Filed ....., 19 ..... RCH. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1926, to Jan 22, 1926, that I last saw her alive on Jan 22, 1926 and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 8 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Geo. L. Zimmerman M.D. 1/23 1926 (Address) 2808 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County. DATE OF BURIAL: Jan. 25 1926

20 UNDERTAKER: Geo. J. Ruetz ADDRESS: 1735 Harford ave

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06174 E 06174

CERTIFICATE OF DEATH.

8-27

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wesley W. Knight

(a) RESIDENCE NO. 1717 N. Durham St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): 2/12 1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	5			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Chas. W. Knight

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Evelyn McGinn

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md

14 Informant Chas W. Knight

(Address) 1717 N. Durham St

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Secindary Pneumonia

(Autopsy at Hopkins)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Measles

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Wallace, M. D.

(Coroner)

1/24/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — Date of Burial: 1/26 1926

20 UNDERTAKER: George & Ruth — ADDRESS: 1735 Harford

very important. See instructions on back of certificate.

Special 1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06175

E 06175

CERTIFICATE OF DEATH.

REGISTERED NO. 84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 26-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Earhart

(a) RESIDENCE No. 101 S. 4th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Child -

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3 12 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ind.
(State or country)

PARENTS

10 NAME OF FATHER William Earhart

11 BIRTHPLACE OF FATHER (city or town) Ind.
(State or country)

12 MAIDEN NAME OF MOTHER Amelia

13 BIRTHPLACE OF MOTHER (city or town) Ind
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19..... R.K.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21st, 1926, to Jan. 23rd, 1926, that I last saw him alive on Jan. 23rd, 1926, and that death occurred, on the date stated above, at 5.00 a. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Benign, Cerebellar.

(duration) yrs. ? several mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 1-22-26

Was there an autopsy? yes.

What test confirmed diagnosis? Operation

(Signed) H. H. Hart M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Jan 26 1926

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave

TION IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 06176 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06176

CERTIFICATE OF DEATH. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N Carey St. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecelia E Pearre

(a) RESIDENCE NO. 523 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced, (write the word)~~
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None.

6 DATE OF BIRTH (month, day, and year) April 27-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sharp & Dohme.

9 BIRTHPLACE (city or town) (State or country) Frederick, Md.

PARENTS

10 NAME OF FATHER James W. Pearre.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick, Md.

12 MAIDEN NAME OF MOTHER Victoria Pearre.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co., Md.

14 Informant (Address) Mrs. Wm. H. Pearre, 523 N. Carey St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 21st 1926 to Jan 24 1926.

that I last saw her alive on Jan 24 1926,

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? +

Did an operation precede death? no Date of +

Was there an autopsy? no

What test confirmed diagnosis? Fehling's Sol.

(Signed) V Kin Williams, M. D.

, 19 (Address) 601 Carroll Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Unionville, Md.

DATE OF BURIAL Jan 26 1926

20 UNDERTAKER Robt. T. Turner & Inc.

ADDRESS 1942 N. Broadway

TION IS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 06177

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06177

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1357 Gilmor St. ST., 15-12 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Nelson

(a) RESIDENCE No. 1357 Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	B.	Baby

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 22, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER James A. Jackson.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Dora Nelson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17

I HEREBY CERTIFY, That I attended deceased from 1-22 .1926 to 1-22 .1926.

that I last saw h[illegible]ive on

and that death occurred, on the date stated above, at 2.25 P m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Susanne R Parsons, M. D.

1-22 1926 (Address) 1702 Westwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health

(Anastazja) (Anastazja Gasiarowski)

Cor.—1-12-23—M&T—100 blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06178 E 06173

CERTIFICATE OF DEATH.

89

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Lancaster ST. 22 WARD)

2-FULL NAME Anastazja Gasiarowska

(a) RESIDENCE NO. 1617 Lancaster ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Gasiarowski

6 DATE OF BIRTH (month, day, and year) January 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Poland.
(State or country)

PARENTS

10 NAME OF FATHER Zielinski

11 BIRTHPLACE OF FATHER (city or town) Poland.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) Poland.
(State or country)

14 Informant Frank Gasiarowski
(Address) 1617 Lancaster St

15 Filed ....., 192 .....
HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, autopsy or Inquiry find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Angina Pectoris

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Fenton, M. D.
(Coroner.)
Jan 26, 1926 (Address) Woodlawn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus

DATE OF BURIAL Jan 26 1926

20 UNDERTAKER F. W. Ozarowski

ADDRESS 1735 Eastern Ave

5926

Spec.—1-10-21—M&T—1500 Bks.

E 06179

HEALTH DEPARTMENT—CITY OF BALTIMORE E 06179

101-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 Scott ST., 21-3 WARD)

2-FULL NAME Mary Jennings

(a) RESIDENCE NO. 421 Scott ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Jennings Sr

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or .... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Wm Hellencamp

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Eswinkle

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Wm E Smith
(Address) 421 Scott St

15 Filed ..... , 19 ..... Registrar RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 , 1926 , to Jan 23 , 1926 .

That I last saw her alive on Jan 23 , 1926 ,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Stanley Krug , M. D.

, 19 (Address) 72 Franklin Sts Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Jan 26 1926

20 UNDERTAKER Wm J McMurray — ADDRESS North Ave

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE SIDE.

C. HAMPSON JONES, M.D.

Spec. 63 — M&T 1500 Bks.

(Rominger)

HEALTH DEPARTMENT—CITY OF BALTIMORE

1883 E 06180

E 06180

CERTIFICATE OF DEATH.

X 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

2-FULL NAME James Rominger

(a) RESIDENCE NO. Rominger N. C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Belon

6 DATE OF BIRTH (month, day, and year) [illegible] 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Ellen Inase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

1926 C. HAMPSON JONES, M.D.

RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 21st, 1926, to Jan 25th, 1926, that I last saw him alive on Jan 25th, 1926, and that death occurred, on the date stated above, at 2 55 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary embolism

immediate (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Aortic stenosis, myocardial failure

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? North Carolina

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) L. E. Martin M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elk Park N C — DATE OF BURIAL 1/27/26

20 UNDERTAKER Joseph Ahrens — ADDRESS 226 Mary

TION IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 0618E

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 0618E

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Westerwald Ave ST., 9-1 WARD)

2-FULL NAME Cecile H. Hymne.

(a) RESIDENCE No. 3205 Westerwald Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James L. Hymne

6 DATE OF BIRTH (month, day, and year) Sept 20 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Crisfield Md.

PARENTS

10 NAME OF FATHER William T. Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Carbum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant James L. Hymne (Address) 3205 Westerwald Ave.

15 Filed ..... 19 ..... Registrar RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1926 to Jan 24 1926.

that I last saw h/er alive on Jan 24 1926, and that death occurred, on the date stated above, at 6 30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilata-tion (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Simms, M. D.

(Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem DATE OF BURIAL Jan 26 1926

20 UNDERTAKER Mrs Mrs John H. Teufel & Son ADDRESS 711 N. Eutaw

THOMPSON JONES, M.D.

JAN 25 1926

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06182 E 06182

CERTIFICATE OF DEATH.

10

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Watts

(a) RESIDENCE NO. 419 Fawcette St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 25, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER James F. Watts

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Bertha Fletcher

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant James F. Watts
(Address) 419 Fawcette St

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1926, to Jan 25, 1926,
that I last saw him alive on Jan 25, 1926,
and that death occurred, on the date stated above, at 7 05 a m.

The CAUSE OF DEATH* was as follows:

Tons, Pharyn & Laryngeal
Diphtheria
(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Tracheotomy Date of Jan 20, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

1/25, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hum[illegible] DATE OF BURIAL Jan 26 1926

20 UNDERTAKER Chenowith Son ADDRESS 3617 Chestnut St

JAN 25 1926 HAMPSON JONES, M. D.

TION IS very important. See instructions on back of certificate.

E 06183

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 06183

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2917 Bernard St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Silvia P Thomas

(Residence in Baltimore: No. 2917 Bernard St St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, White

5-Single, ~~Married,~~ ~~Widowed,~~ or Divorced, (Write the word.)

6-DATE OF BIRTH. Dec 21 1925
(Month) (Day) (Year)

7-AGE. 14 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edward Thomas

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Stinchcomb

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Thomas

(Address) 2917 Bernard St

15-

Filed..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and from ~~the evidence obtained by said~~ ~~Inquest~~ ~~autopsy or inquiry.~~ find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Pneumonia
2. Bronchial
3.
4.

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) [signature] M. D.
(Coroner.)

Jan 25 1926 (Address) 732 Robinson

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. St Mary's Hampden DATE OF BURIAL. Jan 26 1926

20-UNDERTAKER. Chenowith Son ADDRESS 3417 Chestnut Ave

Spec.—1-10-21—M&T.—1500 Blks.

Edith Robinson ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06184

E 06184

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 659 W. Franklin St. ST. 173 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Robinson

(a) RESIDENCE NO. 659 W. Franklin St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William D. Robinson

6 DATE OF BIRTH (month, day, and year) Feb. 27, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lottie Maxwell

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Co. (State or country) Maryland

14 Informant Mrs. Ella Gardner

(Address) 3905 Newport Ave. Norfolk, Va.

15 Filed , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24 19 26

17

I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Jan 24, 1926, that I last saw h alive on Jan 24, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cold

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchia Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical ex

(Signed) V. M. Sampson, M. D.

1/26 1926 (Address) 826 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Glen Mount Cem	Jan. 26 1926
20 UNDERTAKER Joseph L. B. Cook	ADDRESS 1003 N Calvert St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06185

100-001

100 E 06185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1801 N. Caroline (St.) (Ward) 8-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Muesse

(a) RESIDENCE NO. 1801 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Muesse

6 DATE OF BIRTH (month, day, and year) May, 31"1845

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Watch Adjuster

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Muesse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER M Bielerfeld

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Prof. Henri Weinreich

(Address) 905 St. Paul Street

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24 1926

17

I HEREBY CERTIFY, That I attended deceased from January 12 1926 to January 23 1926.

that I last saw h[illegible] alive on January 23, 1926,

and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

bronchopneumonia

(duration) yrs. mos. 11 da.

CONTRIBUTORY (Secondary) aortic dilatation

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Vassalli, M. D.

1-25 26 (Address) 625 N Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Jan 27 1926

20 UNDERTAKER Joseph L Cook

ADDRESS 1003 W Balto

TION is very important. See instructions on back of certificate.

1-25 1926 C. HAMPSON JONES, M. D.

Spec.—6-9-19—H. P. Co.—1099 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06186

CERTIFICATE OF DEATH.

33 E 06186

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3413 Mt Pleasant ave ST. 26-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ewald C. Litzau

(a) RESIDENCE. No. 3413 Mt Pleasant ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18-1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Gottlieb Litzau

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ada Roese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Gottlieb Litzau
(Address) 3413 Mt Pleasant ave

15 Filed . . 19 .

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to Jan 24, 1926, that I last saw h[im] alive on Jan 23, 1926, and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Intestines

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Francis B Tilton M. D.

1/24 1926 Address 315 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emmanuel Cem	Jan. 27 1926

20 UNDERTAKER ADDRESS

John C Miller 3019 E Monument St

(CLAWSON JONES, M. D.)

5 1926

Spec.—1-10-21—M&T—1500 Bks.

E 06187 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06187

109-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hospital Ward 2) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Forrer Musselman

(a) RESIDENCE NO. 1609 E. 33rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carroll Musselman

6 DATE OF BIRTH (month, day, and year) Aug. 23, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	29	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lt Ft 037

(b) General nature of industry, business, or establishment in which employed (or employer) Lt Ft

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Dr. Gary.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Carmichael

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hospital Record (Address)

15 Filed ....., 19 RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to Jan 24, 1926

that I last saw her alive on Jan 24, 1926

and that death occurred, on the date stated above, at 9 30 m.

The CAUSE OF DEATH* was as follows:

Septic tonsillitis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 14-26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frederick D Hermann

Jan 24 1926 (Address) 1710 E. 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Jan 27 1926

20 UNDERTAKER Harry H. Witzke ADDRESS 1531 W Lombard

1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06188

CERTIFICATE OF DEATH.

101-00 2 E 06188

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospt. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Griffiths

(a) RESIDENCE NO. 1614 Olive ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adell L Griffith

6 DATE OF BIRTH (month, day, and year): Sept 29-1885

7 AGE: Years 40 Months 3 Days 26 If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tinner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Mathi Ingrona Co.

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: George Griffiths.

11 BIRTHPLACE OF FATHER (city or town) (State or country): England.

12 MAIDEN NAME OF MOTHER: Mary Jenkes.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England.

14 Informant: Adell L Griffith

(Address) 1614 Olive St

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926 to Jan 25, 1926.

that I last saw h alive on Jan 25, 1926.

and that death occurred, on the date stated above, at 8 45 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. two weeks mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia, Emphysema Gall Bladder.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Jan 25-26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James Watson, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem DATE OF BURIAL: Jan 27 1926

20 UNDERTAKER: Wm Cook ADDRESS 502 E North Ave

FOR A VERY important

Spec.–1-10-21–M&T–1500 Bks.

E 06189

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 06189

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospt ST. 9-4 WARD) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Warren Jefferson

(a) RESIDENCE NO. 2084 Cecil Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Warren Jefferson

6 DATE OF BIRTH (month, day, and year): July 30, 1875

7 AGE: Years 50 Months 5 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ind. Tennessee Co

PARENTS

10 NAME OF FATHER: Tom Jefferson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Del

12 MAIDEN NAME OF MOTHER: Emma White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ind

14 Informant: Mrs Warren Jefferson

(Address): 2084 Cecil Ave

15 Filed . 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-25-26 19

17

I HEREBY CERTIFY, That I attended deceased from 1/14/26, 19 to 1/25/26, 19

that I last saw him alive on 1/20/26, 19

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, Terminal

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) Ind General Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem DATE OF BURIAL: Jan 27 1926

20 UNDERTAKER: Wm Cook ADDRESS: 502 E Monument

C. HUMPSON JONES, M. D.

1926

REGISTERED

TION IS VERY Important. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 06190 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 E 06190

1-PLACE OF DEATH St Joseph's Hosp

CITY OF BALTIMORE: (No. Caroline & Eliza Sts. 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matthew J. Clark

(a) RESIDENCE No. 451 Whitridge Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 12 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	63	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Matthew Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine McWilliams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Robt. Lee Clark

(Address) 451 Whitridge Ave

15 Filed JAN 26 1926 Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 24, 1926, that I last saw him alive on Jan 24, 1926 and that death occurred, on the date stated above, at 4:35 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Spinal Syphilis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) Clement R. Thomas, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Clement R. Thomas

DATE OF BURIAL 1/27 1926

20 UNDERTAKER Henry Weaver & Son

ADDRESS 805 N Eutaw St

HON IS VERY Important. See instructions on back of certificate.

HARRISON JONES, M.

Cor.—1-12-26—M&T—100 Blks.

Jennette M. Dixon

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06191

CERTIFICATE OF DEATH.

E 06191

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Balto City Hospitals WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennet M. Dixon

(a) RESIDENCE NO. 1244 10th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Dixon

6 DATE OF BIRTH (month, day, and year) Sept 6/1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	33	4	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer at home

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Samuel Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Marian Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Elizabeth Harris
(Address) Perryville Md.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st Injuries over face body Jack Pneumonia shock

was Burns Multiple; called then clutch (duration) 1/2 yrs. Accident 1/2 ds.

CONTRIBUTORY (Secondary) Accident

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Benton, M. D.
(Coroner.)

Jan 25. 1926 (Address) 701 E Clay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death 1 yrs., mos., 1/2 ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? 1244 10th St

Former or usual residence 1244 10th St

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Princeton Cemetery	Jan 28 1926

20 UNDERTAKER Reid Patterson ADDRESS Perryville Md.

Spec.—1-12-21—M&T 1500 Blks.

8 8 12

E 06192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

N-3 101-001 E 96192

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., N-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L. White

(a) RESIDENCE NO. 7 N. East Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 13/24

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Wm White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Inae Donald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....

Registrar RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 13th, 1926, to Jan 25th, 1926, that I last saw him alive on Jan 25th, 1926, and that death occurred, on the date stated above, at 12 15 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, acute primary

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Autopsy, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 1/27 1926

20 UNDERTAKER Philip Herwig — ADDRESS 1016 Arlington

E 06193 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06193

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Womens Hospital St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Virginia Kenny

(Residence in Baltimore: No. 260 Colgate Ave St Helena Md St.; yrs., mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	W	Married

6-DATE OF BIRTH, Jan (Month) 29 (Day) 1896 (Year)

7-AGE, 29 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore Co. Md

PARENTS.

10-NAME OF FATHER, Daniel Mahoney

11-BIRTHPLACE OF FATHER, (State or Country) Balt Co. Md.

12-MAIDEN NAME OF MOTHER, Mary Cubach

13-BIRTHPLACE OF MOTHER, (State or Country) Balt Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clinton A Kenny

(Address) 260 Colgate Ave St Helena Md

15-

Filed ..... 192.....

C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 24 (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Self induced abortion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Jeffries M. D. (Coroner.)

Jan 25 192 6 (Address) 502 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Jan 26 192 6

20-UNDERTAKER, William Cook — ADDRESS 502 E Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06194

CERTIFICATE OF DEATH.

90 E 06194

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2230 Ruskin Ave St., 15-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernestine F. Schraishuhn

(a) RESIDENCE No. 2230 Ruskin Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles T. H. Schraishuhn

6 DATE OF BIRTH (month, day, and year): Nov. 7, 1836

7 AGE — Years: 89 — Months: 2 — Days: 16 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Ludwig Schempp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: ? Hiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. Charles T. Schraishuhn (Address) 1644 Pratt St. Balto. Md.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 20, 1926, that I last saw h alive on Jan 23, 1926, and that death occurred, on the date stated above, at 8 45 m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Senility, Myocarditis

Arterio Sclerosis (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. S. Reamy M. D.

1/25, 1926 (Address) 1211 N. Calhoun St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Jan. 26 1926

20 UNDERTAKER: Wm. J. Tucker Sons ADDRESS: North Ave

C. HAMPSON JONES, M. D.
JAN 26 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06195

CERTIFICATE OF DEATH.

101-001

E 06195

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hosplty1 St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Langley

(a) RESIDENCE NO. Edgemere Md St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Sept 15-1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): Tin Plate Mill

(c) Name of employer: Bethelhem Steel Co

9 BIRTHPLACE (city or town) _____ (State or country): Wayne Co N.C.

PARENTS

10 NAME OF FATHER: Benjamin Langley

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country): Wayne Co N.C.

12 MAIDEN NAME OF MOTHER: Luciel Easton

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country): N.C.

14 Informant: Willis Langley

(Address): 1717 Snyder Ave Phila. Pa.

15 Filed _____ 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 21/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Cullen (Coroner) M. D.

1/20/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Date of Burial: Jan 26 1926

20 UNDERTAKER: John F Denny ADDRESS: 715 Light St

very important. See instructions on back of certificate.

06196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 06196

1-PLACE OF DEATH

City of BALTIMORE: (No. 1512 Ashburton St., 154 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry D. Smart

(Residence in Baltimore: No. 1512 Ashburton St. St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	married

6-DATE OF BIRTH. Aug. 7, 1873
(Month) (Day) (Year)

7-AGE. 54 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): (Glass) Obb

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Benj. C. Smart

11-BIRTHPLACE OF FATHER, (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER, Maggie A. Johnson

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. C. Smart

(Address) Berkley Ave,

15-

Filed ..... 192.....

R.K. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 24, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. T. J. Hennessy M. D. (Coroner.)

Jan. 25, 1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cem	Jan 26 1926

20-UNDERTAKER.	ADDRESS
James B Ayres	1324 Eutaw Place

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 06197

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 E 06197

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2238 Bank St.; 1st WARD)

2-FULL NAME Charles A. Michelman

(a) RESIDENCE. NO. 2238 Bank ST., 1st WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Michelman

6 DATE OF BIRTH (month, day, and year) Oct 13th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder & Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Caroline Michelman
(Address) 2238 Bank St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1926, to Jan 24th, 1926, that I last saw h.. alive on Jan 23rd, 1926, and that death occurred, on the date stated above, at 5.55 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) A. F. Reis, M. D.

Jan 26 1926 (Address) 24 S. Bury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel — DATE OF BURIAL: Jan 27 1926

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2060 E. Baltimore St

JAN 26 1926

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06193

100-001

CERTIFICATE OF DEATH.

E 06193

8-4

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO. .....

CITY OF BALTIMORE: (No. Monument 825 Kulland Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Master Charles Ferguson

(a) RESIDENCE NO. 1018 N. Washington ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 26-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	27	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles L. Ferguson

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Emma A. Schofield

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Balto. Md.

14 Informant Emma A. Ferguson
(Address) 1018 N. Washington St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1926, to Jan 23, 1926.

that I last saw him alive on 6:30 P.M. Jan 23, 1926,

and that death occurred, on the date stated above, at 7 P.M. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

& Retro pharangeal Abscess.

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) ..... yrs. mos. 1 ds.

Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 1/20/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Victor Ridgely M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan 26, 1926

20 UNDERTAKER Zirkin & Zirkin

ADDRESS 1739 E. Bway

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 06199

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 06199

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 26-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Thorn

(a) RESIDENCE NO. 910 S. Clinton Street ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Thorn

6 DATE OF BIRTH (month, day, and year) June 20 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Driver

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospital

(Address) Baltimore, Md.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1925, to Jan 24, 1926.

that I last saw him alive on Jan 23, 1926

and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis with Cerebral Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Fo Dowell M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL Jan. 28 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1734 E. Eager St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 06200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 E 06200

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 Franklin ST. 70-5 WARD)

2-FULL NAME Adolph Lubbers

(a) RESIDENCE. NO. 1835 Franklin ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Lubbers

6 DATE OF BIRTH (month, day, and year) Dec 29th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	0	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Slate Roofer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Germy

PARENTS

10 NAME OF FATHER William Lubbers

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germy

12 MAIDEN NAME OF MOTHER Johanna Schneehagen

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germy

14 Informant Augusta Lubbers (Address) 1835 W. Franklin st

15 Filed ..... 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan ..... 1925, to Jan 23 1926

that I last saw h[illegible] alive on Jan 22 1926

and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Larynx

..... (duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Toxemia & Cachexia

..... (duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of 12/16/25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Roy McCoy, M. D.

1/23 1926 (Address) 100 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Jan 26 1926

20 UNDERTAKER E Schloman & Son — ADDRESS 1039 Hanover st

[illegible] HAMILTON JONES, M.D. [illegible] 1926 Per

Spec—12-23-21—E.B.R.S.—400 Bks.

E 0620L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 0620L

1-PLACE OF DEATH

City of BALTIMORE (No. 1633 N. Bradford St., 8-V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Mooyer

(a) Residence No. 1633 N. Bradford St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Geo. N. Mooyer

6-DATE OF BIRTH (month, day and year) 8/4/72

7-AGE, 53 yrs. 5 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country) Md.

PARENTS.

10-NAME OF FATHER, Chas. Sommerlatte

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Wolf

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Katherine Mooyer

(Address) 3716 Greenmount Ave

15-

Filed ....., 19..... Registrar.

C. ALLISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1.24.26.

17- I HEREBY CERTIFY, That I attended deceased from July 1st 1925 to Jan 24th 1926

that I last saw h. Ex alive on Jan. 24th 1926

and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Complicity

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Charles A. Mayo M. D.

25, 1926 (Address) 103 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Balto Mem. DATE OF BURIAL, Jan 26th 1926

20-UNDERTAKER, Leo H. Cook ADDRESS 1731 Patt Pk Ave

FEB 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06202

90 E 06202

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 529 N. Bond St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis H. Mellin

(a) Residence No. 529 N. Bond St., 5 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Mellin

6-DATE OF BIRTH (month, day and year): Oct 7th 1858

7-AGE: 67 yrs. 3 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer): 013

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Joseph Mellin

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Theresa Hane

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

11-Informant: Annie M Doerr

(Address) 529 N. Bond St

15-Filed ....., 192.... Registrar.

C. HAMPSON JONES, M.D.

MAR 6 1926

RJK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 1-25-26

17- I HEREBY CERTIFY, That I attended deceased from 1-1-26 to 1-25-26

that I last saw him alive on 1-25-26

and that death occurred, on the date stated above, at 5200 M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Chronic) Hypertension

Cirrhosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. Red Pinkston M.D.

1-26 1926 (Address) 5000 Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Jan 27th 1926

20-UNDERTAKER: Frank V. Kilstone

ADDRESS 800 E. 32 nd st

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06203

CERTIFICATE OF DEATH.

49 E 06203

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. (or F. B.) 14-1 WARD)

2-FULL NAME Charles Brown

(a) RESIDENCE NO. 1610 W. Saratoga st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yr. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Brown

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Abraham Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Henrietta Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed , 19 R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1926, to Jan. 24, 1926, that I last saw him alive on Jan. 24, 1926, and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Tumor of Skull

Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cervical Pott's

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) W. O. McFarlane Jr, M. D.

1-24-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Jan 27th 1926

20 UNDERTAKER A. Jones

ADDRESS W. S. Gilman

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06204

CERTIFICATE OF DEATH.

3 E 06204

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Ramsey ST. 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Charles Howard

(a) RESIDENCE NO. 1814 Ramsey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 4 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Dec 10, 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Edgar Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Wilhemina Peckles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Edgar Howard

(Address): 1814 Ramsey St

15 Filed , 19 Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Jan 27, 1926, that I last saw h[illegible] alive on Jan 23, 1926, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) ns yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Public

Did an operation precede death? ns Date of

Was there an autopsy? ns

What test confirmed diagnosis?

(Signed) Raymond Johnson, M. D.

Jan 27th 19 (Address) Lochland.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Jan 29 1926

20 UNDERTAKER	ADDRESS
Kane & Son	713 W. Baltimore

FEB 6 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06205

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06205

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 706 E. 21st St. Ward) 4-47 Registered No. 1901

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Bush.

(a) Residence No. 706 E. 21st St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: W.

5-Single, Married, Widow, Widowed, or Divorced. (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert A. Bush.

6-DATE OF BIRTH (month, day and year): Dec 9 1853

7-AGE: 72 yrs. 1 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto md.

PARENTS.

10-NAME OF FATHER: Scott Hughes

11-BIRTHPLACE OF FATHER (city or town) (State or Country): md.

12-MAIDEN NAME OF MOTHER: Rebecca Knapp.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): md.

14- (Informant): Albert Bush.

(Address): 706 E. 21st

15- Filed 1926 Registrar. R.K.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 1/25/26

17- I, HEREBY CERTIFY, That I attended deceased from January 15 1926 to January 25 1926 that I last saw h[illegible] alive on January 25 1926 and that death occurred, on the date stated above, at 9 30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) David W. Jones M. D

1-26 1926 (Address) 1011 N. Ellwood ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	Jan 26, 1926
20-UNDERTAKER, John O. Mitchell	ADDRESS 1210 W. Fayette st

C. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06206

CERTIFICATE OF DEATH.

1525 129

E 06206

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 3400 Gwynns Falls ST., Parkview WARD)

2-FULL NAME Elizabeth Ann Moorehead

(a) RESIDENCE No. 3400 Gwynns Falls Parkway ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. H. Moorehead

6 DATE OF BIRTH (month, day, and year) Dec 9, 1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John L. Quinn

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Eliz. S. Keating

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mrs Carrie Shuter

(Address) 3400 Gwynns Falls

15 Filed ....., 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 24, 1926, that I last saw her alive on Jan 24, 1926, and that death occurred, on the date stated above, at 1.6 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

3 months

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Walter A. Cox, M. D.

1/26 1926 (Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount DATE OF BURIAL Jan 26 1926

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06207

11-001

E 06207

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 W. Lexington St. ST. 20-3 WARD)

2-FULL NAME Lawrence F. Thomas

(a) RESIDENCE NO. 2209 W. Lexington St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Thomas

6 DATE OF BIRTH (month, day, and year) Nov 28, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	21	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 031

(b) General nature of industry, business, or establishment in which employed (or employer) Western Maryland

(c) Name of employer Railroad

9 BIRTHPLACE (city or town) ... (State or country) Easton, Md.

PARENTS

10 NAME OF FATHER Harry J. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Easton Md.

12 MAIDEN NAME OF MOTHER Gertrude Hann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pittsburg, Pa.

14 Informant ... (Address) Mrs. Martin E. Asendorf 2209 W. Lexington St.

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to Jan 23, 1926, that I last saw him alive on Jan 23, 1926, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows: Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Hallam ....., M. D.

1/27, 19 26 (Address) 1 E Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 27-26
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	231 Md Ave Westport

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06208

CERTIFICATE OF DEATH.

90 E 06208

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 204 aisquith St ST. WARD)

2-FULL NAME Solomon Oherman

(a) RESIDENCE NO. 204 aisquith St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Oherman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER David Oherman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Benj Carpenter (Address) 204 aisquith St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 26, 1926,

that I last saw him alive on Jan 25, 1926,

and that death occurred, on the date stated above, at 12 30 a m.

The CAUSE OF DEATH* was as follows:

Raynauds

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Sol Barish, M. D.

1/26, 19 26 (Address) 210 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 1-26 1926

20 UNDERTAKER Jas Reines, 1432 E Balt

ADDRESS

EK

Spec.—1-10-21—M&T—1500 Bks.

Bettinger

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06209

CERTIFICATE OF DEATH.

18 E 06209

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 14-2 WARD)

2-FULL NAME Mr. Abraham Bettinger.

(a) RESIDENCE NO. Marlborough Apts, Balt. Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 4 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 (Single) Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4, 1866.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59		4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. — (State or country)

PARENTS

10 NAME OF FATHER Moses Bettinger.

11 BIRTHPLACE OF FATHER (city or town) Germany. (State or country)

12 MAIDEN NAME OF MOTHER Louisa Rosenfeld.

13 BIRTHPLACE OF MOTHER (city or town) Md. — (State or country)

14 Informant Hosp. Records. (Address)

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1926, to Jan 25, 1926,

that I last saw him alive on Jan 25, 1926,

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute intestinal obstruction

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home —

Did an operation precede death? Yes Date of Jan 24, 1926.

Was there an autopsy? No.

What test confirmed diagnosis? Operation. —

(Signed) George G. Finney, M. D.

Jan 25th 1926 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chev Shalom Cem. DATE OF BURIAL 1/27/1926

20 UNDERTAKER David Sondheim ADDRESS 18-20 W. Mt. Royal Ave

JAN 26 1926 C. HAMPSON JONES, M.D.

Cor.—1-12-25—M&T—100 Bks.

06210

HEALTH DEPARTMENT—CITY OF BALTIMORE

12E 06210

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N. Mount ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bronislaus Drkowski

(a) RESIDENCE NO. 204 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Drkowski

6 DATE OF BIRTH (month, day, and year) July 23/1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
26	25	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Near Beer Saloon
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER John Drkowski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Pierzlewski

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Gertrude Drkowski
(Address) 204 N. Mount St

15 Filed ....., 192 .....

RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24th 1926

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions 3 1/2 hrs

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Nephritis Unknown

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Horton, M. D.
Coroner

Jan 24th 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional instructions.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus.	Jan 28. 1926
20 UNDERTAKER M. F. Sadowski.	ADDRESS 705 S. Ann

Spec.—1-10-21—M&T—1500 Bks.

06211 HEALTH DEPARTMENT—CITY OF BALTIMORE 06211

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 304 S. 15th St., Ward 16-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pete Barbis.

(a) RESIDENCE NO. 304 S 15th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., If of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 15/1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy Maker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Greece.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) P. Barbis

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant (Address) R. Barbis 304 S. 15th St.

15 Filed . 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24-1926

17 I HEREBY CERTIFY, That I attended deceased from 1-22, 1926, to 1-24, 1926, that I last saw him alive on 1-24, 1926, and that death occurred, on the date stated above, at 6-0 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. T. Bonyard, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 1/26 1926

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave

C 1926 H. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

Kadis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06212

CERTIFICATE OF DEATH.

160

E 06212

REGISTERED NO. 6-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Kadis

(a) RESIDENCE No. 2010 E. Balto. St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 Single, Married, ~~Widowed, or Divorced~~, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 4-1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Sam Kadis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie Greenstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 E. Balto

15 Filed , 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25-1926

17

I HEREBY CERTIFY, That I attended deceased from 1-17-, 1926, to 1-25-, 1926,

that I last saw h[illegible] alive on 1-25-, 1926,

and that death occurred, on the date stated above, at 7.03 A. m.

The CAUSE OF DEATH* was as follows:

Catarrhal Jaundice.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) Nat. Snyder, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Workmen Circle Mt. Carmel	1-26-26
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E. Balto

Spec.—1-10-21 M&T 1500 Bks.

E 06213 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 06213

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 Birchwood Ave ST., 27-11 WARD)

2-FULL NAME Caroline Theresa Rosch.

(a) RESIDENCE NO. 311 Birchwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6/s yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George J. P. Rosch.

6 DATE OF BIRTH (month, day, and year) Dec. 13-1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	33	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Adam Fleckenstein

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Doemling.

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant George Jos. Rosch. (Address) 311 Birchwood Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24 1926

17

I HEREBY CERTIFY, That I attended deceased from July 1st, 1925 to Jan. 24, 1926, that I last saw h[illegible] alive on Jan 23, 1926, and that death occurred, on the date stated above, at 9. A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Incip. both Lungs.

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas F. Maynard M. D.

1-24-26, 19 (Address) 14. E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Jan 27 1926
20 UNDERTAKER	ADDRESS
Lilly & Filer	403 E. Wolfe St.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06214

CERTIFICATE OF DEATH.

16 E 06214

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4106 E. Lombard ST., 76 WARD 7

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thelma Colwell.

(a) RESIDENCE NO. 4106 E. Lombard ST., 76 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divoreed
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 25. 1926

7 AGE	Years	Months	Days	If LESS than 1 day 14 hrs or min.
	✓	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Russell. Colwell.

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Harriett Seifert

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Russell. Colwell. (Address) 4106 E. Lombard St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25 1926

17 I HEREBY CERTIFY That I attended deceased from Jany 25, 1926, to Jany 25, 1926, that I last saw h[illegible] alive on Jany 25, 1926, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyloric Stenosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1/25, 1926 (Address) 330 N. E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. DATE OF BURIAL Jan. 26 1926

20 UNDERTAKER Tilly and Zirkin ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 06215 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06215

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH St Josephs Hospital. REGISTERED NO. .....

CITY OF BALTIMORE: (No. Caroline & Oliver St. 6-2 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph. Lindner

(a) RESIDENCE NO. 114 N. Washington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 (Single) Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Horse 880

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Adam Lindner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Margaret O'Connell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John T. Lindner (Address) 114 N. Washington St

15 Filed ..... 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to Jan 23, 1926, that I last saw h'M alive on Jan 23, 1926, and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx
Stricture of oesophagus

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Jan 16 26

Was there an autopsy? No

What test confirmed diagnosis? Section from Growth

(Signed) J. Joseph Taubes, M. D.

19 (Address) St. Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Jan. 27 1926

20 UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

E 06216 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 31 E 06216

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1011 W Lombard ST. 18-3 WARD)

2-FULL NAME Joseph M Long

(a) RESIDENCE NO. 1011 W Lombard ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 7 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 31st 1887

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeper.

(b) General nature of industry, business, or establishment in which employed (or employer): 008

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Michael J Long

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary J Pollard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Mary J. McGee

(Address): 1011 W. Lombard St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/30/, 1925, to 1/25/, 1926, that I last saw h— alive on 1/25/26, 1926, and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurg.
Ch Endo Nephritis
(Syphilitic?) Duetic

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edward J. Long, M. D.

1/26, 1926 (Address) 7 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: Jan 27th 1926

20 UNDERTAKER: John J. Cowan & Son. Per H. J. Cowan & Son

ADDRESS: 901 Madison Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06217 CERTIFICATE OF DEATH. 100 E 06217

1-PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. #7-W-Montgomery-St. ST. 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Mary Lingerman

(a) RESIDENCE NO. #7-W-Montgomery-St. ST., WARD (Resident)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? 63 yrs. 5 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James V. Lingerman.

6 DATE OF BIRTH (month, day, and year) Aug-22-1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick White

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Lehaey

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Louis A. Lingerman (son)
(Address) 7-W-Montgomery-St. City

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1926 to Jan 25, 1926

that I last saw h alive on Jan 25, 1926

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. K. Campbell M. D.

Jan 25, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Jan-28-1926

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

C. HAMPSON JONES, M. D.
JAN 26 1926

Spec.—1-10-21—M&T—1500 Bks.

06218

HEALTH DEPARTMENT—CITY OF BALTIMORE

109-002 E 06218

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Tudor Hall Apartments ST. 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Samuel Bullock

(a) RESIDENCE NO. Tudor Hall Apartments ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 2 mos. 17 ds. How long in U. S., If of foreign birth? 55 yrs. 2 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edith Parrish Bullock

6 DATE OF BIRTH (month, day, and year) Nov-7-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Agent for Bldg. Material

(b) General nature of industry, business, or establishment in which employed (or employer) Building Material

(c) Name of employer Self 045

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John S. Bullock

11 BIRTHPLACE OF FATHER (city or town) Phila.
(State or country) Penna.

12 MAIDEN NAME OF MOTHER Catherine E. Davis

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Edith P. Bullock (wife)
(Address) Tudor Hall Apartments

15 Filed ., 19 Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 24, 1926, that I last saw him alive on Jan 24, 1926, and that death occurred, on the date stated above, at 6.15 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute follicular tonsillitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Harry D. McCarty, M. D.

1-24, 1926 (Address) 107 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Jan-27-26

20 UNDERTAKER STEWART & MOWEN COMPANY
(William F. Mowen, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06219

CERTIFICATE OF DEATH.

24-001 E 06219

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 Linden Avenue ST. 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Johnson Simmons

(a) RESIDENCE NO. 2227 Linden Avenue ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? 67 yrs. 11 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Horace M. Simmons

6 DATE OF BIRTH (month, day, and year) Feb-4-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Reid Johnson

11 BIRTHPLACE OF FATHER (city or town) Norfolk
(State or country) Va.

12 MAIDEN NAME OF MOTHER Charlotte Messick

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Mr. James F. Johnson (brother)
(Address) 1422 Linden Avenue

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 24 1926

17 I HEREBY CERTIFY, That I attended deceased from June 3rd, 1922, to Jany 24, 1926; that I last saw her alive on July 24, 1926, and that death occurred, on the date stated above, at 5-PM.

The CAUSE OF DEATH was as follows:

Arteria Sclerosis —
Cerebral Hemorrhage —

(duration) Many yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? None —

(Signed) [signature], M. D.

Jany 25, 1926 (Address) 1327 Park Ave —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Jan-27-26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06220

100-E 06220

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

OF BALTIMORE: (No. 2616-Oswega-Ave. ST., 15-W WARD)

FULL NAME SARAH MITCHELL JOHANNES

a) RESIDENCE NO. 2616-Oswega-Av. ST., WARD (Resident)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? 80 yrs. 1 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Allen Johannes

6 DATE OF BIRTH (month, day, and year) Dec-16-1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William Mitchell

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eleanor Warnock

13 BIRTHPLACE OF MOTHER (city or town) Fintina (State or country) Ireland

14 Informant Miss Eleanor M. Johannes (daughter) (Address) #2616-Oswega-Av., City

15 Filed ..., 19 ... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from From April 25, 1925, to January 25th, 1926, that I last saw her alive on January 25th., 1926 and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Debility from old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -------

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) Thomas L. Steiner, M. D.

1.26.1926 (Address) 905 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL 1/28 1926.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06221

CERTIFICATE OF DEATH.

10 1001

E 06221

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S. Broadway ST., 2 WARD)

2-FULL NAME John Joseph Duffy

(a) RESIDENCE No. 811 S. Broadway ST., 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? 43 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Mary Duffy.

6 DATE OF BIRTH (month, day, and year) June 14 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boarding House

(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Duffy

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Green

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mary E. Van Hyselen (Address) 811 S. Broadway

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926, to Jan 24, 1926, that I last saw him alive on Jan 24, 1926, and that death occurred, on the date stated above, at 5 30 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arthritis & heart failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jay N Anderson M. D.

1/26, 1926 (Address) 1023 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Jan 27 1926

20 UNDERTAKER Lilly & Zeuler — ADDRESS 430 E. Monument

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06222

181-001

CERTIFICATE OF DEATH.

E 06222

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1201 N. Broadway St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Bolton M.D.

(a) RESIDENCE NO. 1201 N. Broadway St. Ward

(Usual place of abode) Interment

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Ann Mary Bolton

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
About	87			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) 454

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Henry Lotz

(Address) 1203 N. Broadway

15 Filed 19 RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Probably Jan 17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Illuminating Gas Asphixiation. Leaky Gas Tube on Table Lamp

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

(Signed) J. H. Bolton M. D.

(Coroner)

1/25/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery Date of Burial Jan 27 1926

20 UNDERTAKER Henry Lotz ADDRESS 1203 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

E 06223

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06223

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 Yale Ave ST. 20-1 WARD)

2-FULL NAME Mary E Ryan

(a) RESIDENCE No. 327 Yale Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 11 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	60	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaker

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robt W Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Cochrum McCann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Laura V Donohue
(Address) 327 Yale Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Jany 2, 1926, to Jany 24, 1926, that I last saw h alive on Jany 23, 1926, and that death occurred, on the date stated above, at 1230a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H H Triebel M. D.

1926. 19 (Address) 108 N. Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem — DATE OF BURIAL 1/27 1926

20 UNDERTAKER Geo C Jay Sulton — ADDRESS 8 Jay Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06224 E 06224

CERTIFICATE OF DEATH.

101

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Julia Janely

(a) Residence No. 1407 Kuper Place St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1890

7-AGE 35 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore, Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Theo Farrell

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country),

12-MAIDEN NAME OF MOTHER, Anglo Lee Rue

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country),

14- (Informant) Baltimore City Hospitals

(Address) Records

15- Filed ..... 192 .....

C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 24, 1926

17- I HEREBY CERTIFY, That I attended deceased from April 29, 1925 to Jan. 24, 1926

that I last saw her alive on Jan. 24 1926

and that death occurred, on the date stated above, at 99, m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(Duration) 1 yrs. 9 mos. (History) ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) Lindsay Miller M. D.

1/24 1926 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL, 1/28 1926

UNDERTAKER, Geo. A. Fuhrman ADDRESS Fulton & Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 06225

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06225

CERTIFICATE OF DEATH.

135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N Calhoun ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Clay Perkins

(a) RESIDENCE NO. 227 N Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bermuda Perkins

6 DATE OF BIRTH (month, day, and year): Nov 21-1844

7 AGE: Years 81 Months 2 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Custom House Inspector

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer U S Govt. 086

9 BIRTHPLACE (city or town) (State or country): Pelle Md Hartford

PARENTS

10 NAME OF FATHER: Hector Perkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hartford Conn

12 MAIDEN NAME OF MOTHER: Ann Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Geo Chas B Perkins

(Address): Taylor & Carswell Sts

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to Jan 24, 1926, that I last saw h alive on Jan 24, 1926, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Enlarged Prostate

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A Evans, M. D.

, 19 (Address) 101 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Jan 27 1926

20 UNDERTAKER: H Fuchs & Son

ADDRESS: Lafayette

HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E 06226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154-002

E 06226

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2732 Fiolicane ST., 4-2 WARD)

2-FULL NAME Catherine R. Doonan

(a) RESIDENCE No. 2732 Fiolicane ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 24 1926

7 AGE Years ..... Months ..... Days 2 If LESS than 1 day, hrs. ..... or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City (State or country)

PARENTS

10 NAME OF FATHER Michael J Doonan

11 BIRTHPLACE OF FATHER (city or town) City (State or country)

12 MAIDEN NAME OF MOTHER Mary R. Hoff

13 BIRTHPLACE OF MOTHER (city or town) City (State or country)

14 Informant Michael J Doonan (Address) 2732 Fiolicane

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26 19 26

17 I HEREBY CERTIFY, That I attended deceased from 1/24 .19 26. to 1/26 .19 26.

that I last saw h alive on Jan 25 .19 26,

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Infection

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. A. Meyer, M. D.

1/26, 19 26 (Address) 15 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 1/28 19 26

20 UNDERTAKER J E Moan

ADDRESS 300 E. Baltimore

Spec.—1-10-21 M&T 1500 Bks.

E 06227

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06227.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General Hospital ST. WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel H. Jenkins.

(a) RESIDENCE NO. Pasadena Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 2 - 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	13		24 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy. Md

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Samuel Jenkins.

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Anna Hancock.

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

14

Informant Annie Jenkins

(Address) Pasadena Md

15

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 26, 1926,

that I last saw him alive on Jan 26, 1926,

and that death occurred, on the date stated above, at 11 45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilitation of Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia. Empyema.

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes. Date of Jan 20-25

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James Nelson, M. D.

, 19 (Address) 1218 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Magothy Church Cemetery

DATE OF BURIAL: Jan 29 1926

20 UNDERTAKER: John F. Kenny

ADDRESS: 715 Light St

6926 C. HAMPSON JONES, M. D.

Cor.—1-12-23—M&T—100 Bks.

E 06228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06228

CERTIFICATE OF DEATH.

X 185

1-PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Asa A Raymond

(a) RESIDENCE No. Sparrows Point Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married Verena A Raymond

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 21 1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	4	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Gas Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Department Of

(c) Name of employer Bethlehem Steel Company

BIRTHPLACE (city or town) Eldred

(State or country) Pa.

10 NAME OF FATHER Asa A Raymond

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Cutler

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Pennsylvania

Informant Verena A. Raymond

(Address) 719 E. St Ephersons Pl

Filed ....., 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of 5th cervical vertebra. (accidental)

..... (duration) ..... yrs. ..... mos. 2 ds. 8

CONTRIBUTORY (Secondary) Fell off of scaffolding

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

Jan 26, 1926 (Address) 2502 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Coudersport Pa.	Jan 26 1926
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

C. HAMPSON JONES, M.D.
A 1928

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06229

CERTIFICATE OF DEATH.

161-05 E 06229

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST., 14-W WARD)

2-FULL NAME Baby Kuehnemund Annapolis Md.

(a) RESIDENCE NO. — ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-25-26

7 AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Dr. Richard Kuehnemund

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) Germany

12 MAIDEN NAME OF MOTHER Sadie Kreis

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) Tennessee

14 Informant Dr. Richard Kuehnemund
(Address) 77 Market St. Annapolis, Md.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26-1926

17 I HEREBY CERTIFY, That I attended deceased from 1-25—, 1926, to 1-26, 1926,

that I last saw h— alive on 1-26-26, 1926,

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Premature delivery at 6½ mo.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY —
(Secondary)
(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical; History

(Signed) Chas. O. Dorsey Jr., M. D.

1-26, 1926 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL.

DATE OF BURIAL 19

20 UNDERTAKER C. HAMPSON JONES, M. D. Commissioner Health.

ADDRESS

JAN 26 1926

1926 00756

Spec.—1-10-21—M&T—1500 Bks.

E 06230

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06230

CERTIFICATE OF DEATH.

REGISTERED NO. 52

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 E Lombard ST. 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonio Collini

(a) RESIDENCE NO. 909 E Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leopolda Collini

6 DATE OF BIRTH (month, day, and year) March 18 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sisergrinder

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Antonio Collini

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Peter Collini (Address) 909 E Lombard

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to Jan 23, 1926 that I last saw h[illegible] alive on Jan 23, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

Jan 25 1926 (Address) 14 E 60 Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent

DATE OF BURIAL January 27 1926

20 UNDERTAKER Wendell Diffel & Son

ADDRESS 318 [illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 0623E

CERTIFICATE OF DEATH.

49 E 0623E

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 W Fayett ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalene L Adams

(a) RESIDENCE NO. 1501 W Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture Polisher

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Magdalene Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Emilie Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant Frederick Smith (Address) 1501 W Fayette

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1926, to Jan 23, 1926,

that I last saw him alive on " " , 19....,

and that death occurred, on the date stated above, at 2 1/2 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman, M. D.

Jan 25 1926 (Address) 2608 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 27 1926

20 UNDERTAKER Wendell Appel & Son — ADDRESS 873 N

Spec.—1-10-21—M&T—1500 Bks.

E 06232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 06232

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 98 Chapel (ST.) 7-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Schmidt

(a) RESIDENCE NO. 98 Chapel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Georg Schmidt

6 DATE OF BIRTH (month, day, and year): June 1 1860

7 AGE: 65 Years 65 | Months 7 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Nicholas Hoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Ann Moon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Georg Schmidt (Address) 98 Chapel

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/26 19 26.

17 Jan 26

I HEREBY CERTIFY, That I attended deceased from Jan 10 , 19 26 , to Jan. 26 , 19 26 .

that I last saw her alive on Jan 25 , 19 26 .

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Debility, age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D L Meyer Dr , M. D.

1/26, 196 (Address) 1500 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 27 1926

20 UNDERTAKER: Wendell Boyd & Son — ADDRESS: 378 [illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06233

CERTIFICATE OF DEATH.

70-4 91

E 06233

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2556 Frederick Ave ST., ... WARD)

2-FULL NAME Buffett A Taylor

(a) RESIDENCE NO. 2556 Fredrick Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Helen M Taylor

6 DATE OF BIRTH (month, day, and year) May 27 - 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country) Talbot Co.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) unknown

14 Informant Maggie Garrett
(Address) 2556 Fredrick Ave

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from February, 1920, to Jan. 24, 1926, that I last saw him alive on Jan 24 - , 1926, and that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

several
(duration) ^ yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) E E Buxton, M. D.

1/25/1926 (Address) 301 East Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery | DATE OF BURIAL Jan 27, 1926

UNDERTAKER F. D. Wappler | ADDRESS 1850 N Gilmor St

C. HAMPSON JONES, M. D.

1926

RRH

Spec.—1-10-21—M&T—1500 Blks.

E 06234

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 06234

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3209 N Charles St., 12th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Sterett Gittings.

(a) RESIDENCE No. 3209 N Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, or ~~Divorced,~~ (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Late Rosalie Mary Gittings

6 DATE OF BIRTH (month, day, and year) Oct 20th 1847

7 AGE: Years 78 | Months 9 | Days 3 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Banker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Jno S. Gittings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Cumie Aldridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Barrett

(Address) 3209 N Charles St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23rd 1926

17 I HEREBY CERTIFY, That I attended deceased from March, 1925, to Jan 22, 1926.

that I last saw him alive on Jan 22, 1926,

and that death occurred, on the date stated above, at 3-25 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate gland

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) A. D. Atkinson M. D.

Jan. 19 26 (Address) 1010 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Jan 28 1926

20 UNDERTAKER: Henry Jenkins Son Co

ADDRESS: Cor Lord & Gay Sts

C. HAMPSON JONES, M. D.

6 1926

Jan

E 06235

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06235

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 215 Club Road Roland Park St.) 77-6 178 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ROBERT RAMSAY

(Residence in Baltimore: No. 215 CLUB ROAD, ROLAND PARK St.; yrs., 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX MALE

4-COLOR OR RACE, WHITE

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) MARRIED

6-DATE OF BIRTH August 11th, 1851
(Month) (Day) (Year)

7-AGE, 74 yrs. 5 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shipping
(b) General nature of industry, business, or establishment in which employed (or employer) EXECUTIVE

9-BIRTHPLACE, (State or Country). Melbourne Australia

PARENTS.

10-NAME OF FATHER, Robert Ramsay

11-BIRTHPLACE OF FATHER (State or Country), Glascow Scotland

12-MAIDEN NAME OF MOTHER Mary Winton

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie N. Sears

(Address) 105 DEEPDENE ROAD, R.P.

15-

Filed....., 191.....
Registrar.

1926 C. FRANCIS JONES, M. D.

P. F. H.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH January 24th, 1926
January (Month) 24 (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Degree Burns

Accidental

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Jno. J. Morrison M. D.
(Coroner.)

Jan 26, 1926 (Address) 367 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, Jan 27, 1926

20-UNDERTAKER Henry J. Jenkins Sons Co

ADDRESS Eutaw & Franklin Sts

Spec.-12-23-21-E.B.R.S.-400 Blks.

E 06236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06236

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5205 Hilton Heights Ave St. 7-2-90 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Catherine McDonald

(a) Residence No. 5205 Hilton Heights Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of James McDonald

6-DATE OF BIRTH (month, day and year) Oct 18/1837

7-AGE, 88 yrs. 3 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Trenton N J

PARENTS.

10-NAME OF FATHER, Edw McDermott

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary A Bracelin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-

(Informant) Elena M. Bergen

(Address) 5205 Hilton Heights Ave

15-

Filed 192

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 25, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926 to Jan 25 1926

that I last saw her alive on Jan 25 1926

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Chron. Mitral Endocarditis

(Duration) unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Chas L Bunce M. D.

1-25-1926 (Address) 5706 Park Heights Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cemetery

DATE OF BURIAL. January 30, 1926

20-UNDERTAKER. Harry A Osmacat 4104

ADDRESS Ridgewood Ave

ec—12-23-21—E.B.R.S.—400 Bks.

E 06237

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 06237.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 811 E. 34 Th Street St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Maria E. Hammond

(a) Residence No. 811 E. 34 St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hammond

6-DATE OF BIRTH (month, day and year) Oct 2[illegible] - 1870

7-AGE. 54 yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House wife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Godfrey Ruff

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Achsah Hall

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

14-

(Informant) Mrs. Johnson

(Address) 811 E. 34th St.

15-

Filed ..... 19..

Registrar.

C. Harrison Jones, M. D.
Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 25. 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 20, 19.. to Jan 25 19 26

that I last saw her alive on Jan 24 19 26

and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage with Hemaplegia

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) H. H. Jones, M. D.

1/26, 26 (Address) 1203 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge

DATE OF BURIAL. Jan. 27... 1926

20-UNDERTAKER. E. LeRoy Stiffler

ADDRESS 125 E. North

Cor.—1-12-23—M&T—100 Bks.

E 06238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06238

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 1-4 WARD)

2-FULL NAME Antonina • Mechlinski

(a) RESIDENCE NO 647 S. Decker Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married ?

If married, widowed, or divorced
HUSBAND of (or) WIFE of Adam. Mechlinski ?

DATE OF BIRTH (month, day, and year) Feb. 2 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11	21	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Conducting Grocer Store
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Martin Setera

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Agnes • Lonczak

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

Informant Mrs. Agnes • Setera Mother
(Address) 305 S. Wolfe Street

Filed ..... 192 .....
Registrar

FPH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an On my (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said On my (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

M Mal d Stenosis

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ... yrs. ... mos. 1 ds.

(Signed) J. C. Clader, M. D.
(Coroner)

Jan 27, 192 (Address) 1436 Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	Jan 27 192
20 UNDERTAKER John M Weber	ADDRESS 1803 Eas... St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06239

100-001

E 06239

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 E. 27th St. ST., 9-3 WARD)

2-FULL NAME William C. Meyers

(a) RESIDENCE NO. 531 E 27th St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie A Meyers

6 DATE OF BIRTH (month, day, and year) Dec 15 1874.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER William C. Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Raymond Kenney

(Address) 531 E 27th St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1926, to Jan. 23, 1926,

that I last saw him alive on Jan 23, 1926

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Woodensburg, Md

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. B. Hampson, M. D.

1/25/1926 (Address) 1716 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 1/27 1926

20 UNDERTAKER George J Ruth 1730

ADDRESS Harford Ave

1-27-1926 BENJ. B. HAMPSON JONES, M. D.

RK

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06240

CERTIFICATE OF DEATH.

90

E 06240

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 E. 27 d ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. Byus

(a) RESIDENCE No. 513 E. 27d ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Byus

6 DATE OF BIRTH (month, day, and year): July 10/65

7 AGE: Years 60 Months 6 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Anna Arundel Co. Md

PARENTS

10 NAME OF FATHER: Joshua W. Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Isabella

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: John W. Byus

(Address): 513 E. 27d St.

15 Filed ..., 19... K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24 25, 19..., to Jan. 25, 1926.

that I last saw h[illegible] alive on Jan 24, 1926

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Signs

(Signed) Leo Keller, M. D.

1926, 19... (Address) 1927 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Anne Arundel Co. Md. DATE OF BURIAL: 1/27 1926

20 UNDERTAKER: Philip Henrig ADDRESS 2016 Orleans

JAN 27 1926 C. HAMPSON JONES, M. D. Registrar

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06241

CERTIFICATE OF DEATH.

167 E 06241

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 217 N. Milton Ave St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie J. Weems

(a) RESIDENCE NO. 217 N. Milton Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 0 mos. 17 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Weems

6 DATE OF BIRTH (month, day, and year) Jan 8/1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Jacob Fischer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Christine Schepp

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant John F. Weems

(Address) 217 N. Milton Ave

15 Filed_____ 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

(Suicide)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Melancholia

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Collins, M. D.

(Coroner)

1/26/26 (Address) 568 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Date of Burial 1/28 1926

20 UNDERTAKER Philip Henry ADDRESS 2016 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

E 06242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 06242

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Eutaw Place & Brooks Line

CITY OF BALTIMORE: (No. Cylburn Court apts St 15-6 WARD)

2-FULL NAME Benjamin Miller

(a) RESIDENCE NO. Eutaw Place & Brooks Line ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Miller

6 DATE OF BIRTH (month, day, and year) Sept 1889

7 AGE Years 37 Months 4 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mfg

(b) General nature of industry, business, or establishment in which employed (or employer) Children's Dresses

(c) Name of employer Milly Blouses

9 BIRTHPLACE (city or town) (State or country) Balto City Md

PARENTS

10 NAME OF FATHER Abraham Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Era Epstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jessie Miller

(Address) Cylburn ~~Court Apartments~~

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from July, 1924, to Jan 26-25, 1926, that I last saw h~~im~~ alive on Jan 26-26, 1926, and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Sarcoma of shoulder (mixed cell)

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral oedema (toxic)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of {June 24 / Sept 12-25.

Was there an autopsy? No

What test confirmed diagnosis? Clinical + pathological findings

(Signed) Michael A. Abrams, M. D.

, 19 (Address) 2360 Eutaw place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship — DATE OF BURIAL Jan 27 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1425 Pennsylvania Ave

JAN 27 1926 HAMPSON SON & M

pec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06243

CERTIFICATE OF DEATH.

101-001

E 06243

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 S Wolf. ST. 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J. Opalecky.

(a) RESIDENCE No. 303 S. Wolf. st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or Divorced, (write the word) Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Opalecky.

DATE OF BIRTH (month, day, and year) April 16 - 1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	26	9	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shear Hand.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer at Copper Works.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Matthew Opalecky.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown.

14 Informant Anna Opalecky. (Address) 303 S. Wolf st

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15. 1926 to Jan 27 1926.

that I last saw h— alive on Jan 24 1926

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rypacek M. D.

Jan 27 1926 (Address) 807 E. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Jan 28 1926

20 UNDERTAKER F. W. Ozazewski

ADDRESS 1930 Eastern ave.

JAN 27 1926 C. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E 06244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 06244

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Bradford ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles Conrad Holleck

(a) RESIDENCE No. 417 N. Bradford ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Holleck

6 DATE OF BIRTH (month, day, and year) April 17 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Copper Works

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Holleck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austro-Hungary

12 MAIDEN NAME OF MOTHER Ludmila Bruan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austro-Hungary

14 Informant James Holleck

(Address) 417 N. Bradford St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1924, to Jan. 26, 1926, that I last saw him alive on Jan 25, 1926 and that death occurred, on the date stated above, at 2.40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Epithelioma) arising from Sebaceous cyst on scar supposedly a burn 20 yrs ago

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

over

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec. 1924

Was there an autopsy? No

What test confirmed diagnosis? Path. Exam.

(Signed) Vincent T. Jones, M. D.

, 19 (Address) 240 W. Pat. Pk. Exc

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Jan 29 1926

20 UNDERTAKER Frank Crockson

ADDRESS 1416 Gth Ave

Spec. 1-10-21 M&T 1500 Bks.

See Letter attached from F. F. Ruzicka MD on file Feb 1 X 26

E 06245

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06245

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Madeira St. 6-V Ward)

2-FULL NAME Anna Bores

(a) RESIDENCE NO. 420 N. Madeira ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Bores

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	6+			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Magdalen Bellehaar

(Address) 417 N. Patterson Park

15 Filed JAN 27 1926, 19 Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1926, to Jan 25, 1926.

that I last saw he alive on Jan 24, 1926

and that death occurred, on the date stated above, at 7.45 P.M.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) F. F. Ruzicka M. D.

(Address) 800 N. Matt Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 28 1926

20 UNDERTAKER Frank Evoldon — ADDRESS 1906 Eastwood

Spec- 12-23-21 E.B.R.S.-400 Bks.

E 06246 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 06246

CERTIFICATE OF DEATH.

2-1 129

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. ~~XX~~ 1824 E Lombard St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Martha Jane Finch

(a) Residence No. 1824 East Lombard St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Wm. H. Finch

6-DATE OF BIRTH (month, day and year) Not known

7-AGE. 81 yrs. ✓ mos. ✓ ds. — If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Harpers Ferry, Va.

PARENTS.

10-NAME OF FATHER, Geo. Dudrow.

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) John Finch
(Address) 1021 Bennett Pl

15- Filed JAN 27 1926 192 C. HAMPSON JONES, M. D. Registrar. RK.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jany 26-26

17- I HEREBY CERTIFY, That I attended deceased from Oct 24 1925 to Jany 26 1926.
that I last saw h~~er~~ alive on Jany 22 1926.
and that death occurred, on the date stated above, at 3.30 a m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis
(Duration) 4 yrs. ✓ mos. ✓ ds.
CONTRIBUTORY Pericarditis
(Secondary)
(Duration) ✓ yrs. 6 mos. ✓ ds.

18-Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Usual
(Signed) George B. Shannon M. D
1/26, 1926 (Address) 700 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mtn. Pk. — DATE OF BURIAL. May 29. 1926

20-UNDERTAKER Robt Sawin Sons. — ADDRESS W. Fayette

Spec.—1-10-21—MAT—1500 Blks.

E 06247

HEALTH DEPARTMENT—CITY OF BALTIMORE

4 E 06247

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto General Hospital

CITY OF BALTIMORE: (No. Lanvale Ave & Dukeland St.) 19-16 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ida Klawansky.

(a) RESIDENCE NO. 2125 Callow Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Klawansky

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Caplan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Klawansky

(Address) 2125 Callow Ave

15 Filed 1/27 1926 19 C. HAMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 20. 1926. to Jan 27 1926.

that I last saw h alive on Jan 21. 1926.

and that death occurred, on the date stated above, at 3:50 A m.

The CAUSE OF DEATH* was as follows:

Malignancy of Esophagus

(duration) — yrs. 9 mos — ds.

CONTRIBUTORY (Secondary) General Cachexia, Myocarditis

(duration) — yrs. 2. mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical findings

(Signed) R Jaffe, M. D.

1/27 26 (Address) West Balto Gen Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Rosedale — DATE OF BURIAL 1/27 1926

20 UNDERTAKER S Levinson Bro — ADDRESS 1124 E Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06248 E 06248

CERTIFICATE OF DEATH.

REGISTERED NO. 8-N 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 N. Montford St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret M. Walter

(a) RESIDENCE NO. 1818 N. Montford ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Walter

6 DATE OF BIRTH (month, day, and year) January 25, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Radroff.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Barbara Mueller
(Address) 1818 N Montford Ave

15 Filed JAN 27 1926, 19 . PK, Registrar

C. THAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1926 to Jan 25, 1926, that I last saw h[illegible] alive on Jan 25, 1926, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia Coma.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos. to Thomas, M. D.

1/26, 1926 (Address) 2878 Hartford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 1/29 1926

20 UNDERTAKER George J. Ruth

ADDRESS 1730 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06249

CERTIFICATE OF DEATH.

90 E 06249

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Hanford ave ST. 4-6 WARD)

2-FULL NAME William C. Livington

(a) RESIDENCE NO. 1739 Hanford ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Livington

6 DATE OF BIRTH (month, day, and year) July 7 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Metal. Lather

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Busner Agnd.

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER William Livington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Alice Livington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant Mrs. Bertha Livington

(Address) 1739 Hanford Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from July, 1925, to Jan. 25 1926.

that I last saw h[illegible] alive on Jan. 24, 1926

and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Entamatin

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of ~

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. S. Hampton, M. D.

1/25/1926 (Address) 1216 N Caroline st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery. DATE OF BURIAL 1/28 1926

20 UNDERTAKER George J. Ruth ADDRESS 725 Hanford Ave

R.K.

Spec.—1-10-21—M&T—1500 Bks.

Becker

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06250

CERTIFICATE OF DEATH.

66 E 06250

1-PLACE OF DEATH West. Balto. General Hospital. REGISTERED NO.

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland ST. 163 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Becker.

(a) RESIDENCE NO. 2707 Mosher St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Becker

6 DATE OF BIRTH (month, day, and year) Oct. 10 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Kirchner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. A. Becker

(Address) 2707 Mosher st

15 Filed ..., 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1926, to Jan 24, 1926, that I last saw him alive on Jan 24, 1926, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows: Taken off by ~~Cerebral Hemorrhage~~ R. Franken M.D.

Delerium Tremens.

Myocarditis Senescium

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Dil. Status of Heart. Pulmonary Edema.

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) R. Franken, M. D.

Jan 24 1926 (Address) West Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	11 28 1926
20 UNDERTAKER	ADDRESS
George & Ruth	1730 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 0625I

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 0625I

CERTIFICATE OF DEATH.

REGISTERED NO. 159

1-PLACE OF DEATH Md. Genl Hospital. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 15-12 WARD)

2-FULL NAME Baby Bedsworth

(a) RESIDENCE No. 1605 N. Payson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓	✓	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas H. Bedsworth

11 BIRTHPLACE OF FATHER (city or town) Somerset Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Estelle Crum

13 BIRTHPLACE OF MOTHER (city or town) Frederick (State or country) Md.

14 Informant Thomas H Bedsworth (Address) 1605 N Payson St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 24, 1926, to Jan 26, 1926, that I last saw her alive on Jan 26, 1926, and that death occurred, on the date stated above, at 12:55 P. m.

The CAUSE OF DEATH* was as follows:

Congenital esophageal Stricture. (Anuria)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Starvation

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 25/26

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Jan 27 1926

20 UNDERTAKER Josiah Syfer — ADDRESS 1600 W North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 06252

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 06252

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mereron Ave ST., 24 WARD)

2-FULL NAME Anna E. Crouch

(a) RESIDENCE NO. Mereron Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. F. Crouch

6 DATE OF BIRTH (month, day, and year) July 23, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85		6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm L. Logue

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Simms

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Louis L. Smith

(Address) Mereron Ave & Bentz Lane

15 Filed ..... 19 .....

JAN 27 1926

RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 9, 1926, to Jany 26, 1926, that I last saw her alive on Jany 25, 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) W. H. Crouch, M. D.

Jany 26, 1926 (Address) 111 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Still Bond K. Co. Md Kent

DATE OF BURIAL Jan 27 1926

20 UNDERTAKER Jonah Legter

ADDRESS 1600 W North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06253

CERTIFICATE OF DEATH.

90E 06253

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 N Bethel ST. 6-1 WARD)

2-FULL NAME Willard Jones

(a) RESIDENCE NO. 404 N Bethel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ unknown

6 DATE OF BIRTH (month, day, and year) apprx 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
apprx 56				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Bethelehem Steel Co

(c) Name of employer " "

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Joseph Jones (Son) (Address) 2312 N Penn St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926, to Jan 24, 1926,

that I last saw him alive on Jan 23, 1926

and that death occurred, on the date stated above, at 10:35 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency (decompensation)

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. Young, M. D.

1/25 26 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL Jan 27 1926

20 UNDERTAKER Leonard Whalla

ADDRESS 308 Mosher-ave

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

06254 3/ E 06254

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., T.B. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Swan

(a) RESIDENCE NO. 126 Prayger Court Sprauge. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Swan

DATE OF BIRTH (month, day, and year) 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	56			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Thomas Swan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed , 19 Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1925, to Jan. 20, 1926,

that I last saw him alive on Jan. 20, 1926,

and that death occurred, on the date stated above, at 6.20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) W. McLane Jr., M. D.

1-20, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL Jan 27, 1926

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

E 06255

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 06255

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 14-1 Ward)

2-FULL NAME Harrison Dodd

(a) RESIDENCE NO. 2223 Ettig St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 24 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) July 26/1924

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	1	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wallace Dodd

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Bond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Wallace Dodd

(Address) 2223 Ettig St

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Probably Broncho)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J S Mackey, M. D.

1/20/26, 19 (Coroner) (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial Jan 27/1926

20 UNDERTAKER Samuel McClintock ADDRESS 1400 Maryland

27/1926 RK

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06256

CERTIFICATE OF DEATH.

127 E 06256

1-PLACE OF DEATH Colonial Hospital 14-1

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jefferson Oliver

(a) RESIDENCE NO. 1401 Myrtle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B.	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Betsy Oliver

DATE OF BIRTH (month, day, and year) June 8th 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
32		7	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER John Oliver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Fannie Oliver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Betsy Oliver (Address) 1401 Myrtle Ave.

15 Filed , 19 RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25 1926

17 I HEREBY CERTIFY, That I attended deceased from January 20, 1926, to January 25, 1926

that I last saw him alive on January 25, 1926

and that death occurred, on the date stated above, at 9 9. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes:

What test confirmed diagnosis?

(Signed) John T. O'Connor, M. D.

, 19 (Address) 1122 Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Jan 27 1926
20 UNDERTAKER	ADDRESS
Daniel Easton	916 Pine.

Spec.—1-10-21—M&T—1500 Blks.

Dr Bronnostan, 3037 O'Donnell St

06257

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 06257

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 S. Decker Ave ST., 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Stanig

(a) RESIDENCE NO. 914 S. Decker Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frederick Stanig

6 DATE OF BIRTH (month, day, and year) Oct 25, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
85	86	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Christian Lubnow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ernest E. Stanig

(Address) 914 S. Decker Ave

15 Filed JAN 27 1926 19 Registrar RR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1926, to Jan. 24, 1926, that I last saw her alive on Jan. 24, 1926, and that death occurred, on the date stated above, at 12:05 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronnostan, M. D.

1-25 1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews

DATE OF BURIAL Jan 27 1926

20 UNDERTAKER Wm Cole

ADDRESS 302 E North Ave

Rec.—1-12-23—M&T—500 Bks.

E 06258 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06258

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Colonial Hospital ST. 27-1 WARD)

2-FULL NAME Charles Richard Downs

(a) RESIDENCE NO. 637 Dover St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Georgianna Downs

DATE OF BIRTH (month, day, and year) Aug 16, 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34 yrs.	5 mos.	9 days	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer) Druid Oak Bottling Co

(c) Name of employer Mr. Staylor.

BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER Charles Downs.

11 BIRTHPLACE OF FATHER (city or town) Balt. (State or country) Md.

12 MAIDEN NAME OF MOTHER Josephine Hayna

13 BIRTHPLACE OF MOTHER (city or town) Woodstock (State or country) Md.

Informant Georgianna Downs (Address) 428 Mount St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1926, to Jan. 25, 1926, that I last saw him alive on Jan 25, 1926, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Stella, M. D.

1/25, 1926 (Address) 1122 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 1/28/26

20 UNDERTAKER Samuel D. Stanley ADDRESS 578 N. Bdle.

E 06259 HEALTH DEPARTMENT—CITY OF BALTIMORE 007

CERTIFICATE OF DEATH. 18 E 06259

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. Mt. Gen. Hosp. St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James G. Scott

(Residence in Baltimore: No. 1324 Argyle Ave. St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed or Divorced. (Write the word.) Married

6-DATE OF BIRTH, December (Month) 1889 (Year)

7-AGE, 36 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel Co

9-BIRTHPLACE, (State or Country). Bruce Edward Co Va

PARENTS.

10-NAME OF FATHER, Branch Scott

11-BIRTHPLACE OF FATHER, (State or Country). Va

12-MAIDEN NAME OF MOTHER, Mary Hardy

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr James Scott

(Address) 1324 Argyle Ave

15-

Filed ....., 19..

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 24 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of ribs (accidental) Caught between wall & car machine

(Duration) yrs. mos. 2 hr. ds.

CONTRIBUTORY (Secondary) Fracture of lung

(Duration) yrs. mos. 2 ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

Jan. 25 1926 (Address) 2102 E. Monument St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Parkville Md — DATE OF BURIAL, 1/27 1926

20-UNDERTAKER, Samuel Hennessy — ADDRESS 2102 E Baltimore St

JAN 27 1926 CAMPBELL JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E 06260 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06260

CERTIFICATE OF DEATH.

REGISTERED NO. 40

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & oliver St.) 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Washington Smith

(a) RESIDENCE NO. 1052 Penna Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Ann

6 DATE OF BIRTH (month, day, and year) Unknown 1873

7 AGE 52 Years — Months — Days If LESS than 1 day, ...hrs. or ....min.

53

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond (State or country) Virginia.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Virginia

14 Informant St. Josephs Hospital (Address) Record

15 Filed ..... 19 ..... Registrar K.K.

C. HAMPSON JONES, M. D.
JAN 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24/26 1926

17

I HEREBY CERTIFY, That I attended deceased from 1/15/26, 1926, to 1/24/26, 1926, that I last saw him alive on 1/24/26, 1926 and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows:

ureteral stricture with wasting & ulceration

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) Tuberculosis Bronchopneumonia (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 1/15/26

Was there an autopsy? no operation

What test confirmed diagnosis? clinical & ...

(Signed) H. A. McConnell, M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Jan 27 1926

20 UNDERTAKER Mrs R. G. Elliott — ADDRESS 1725 Ashland

Spec.—1-10-21—M&T—1500 Blks.

E 06261 HEALTH DEPARTMENT—CITY OF BALTIMORE

-001

E 06261

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 W Mulberry ST., 18 WARD)

2-FULL NAME Julian Kimberger

(a) RESIDENCE NO. 1122 W Mulberry ST., 18 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 23 23

7 AGE: Years 2 | Months 4 5 | Days 4 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dependent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Henry Kimberger

11 BIRTHPLACE OF FATHER (city or town) Rumania (State or country)

12 MAIDEN NAME OF MOTHER Julie Friedman

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Henry Kimberger 1122 W Mulberry St

15 Filed ..... 19 ..... RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 22 1926 to Jan 26 1926.

that I last saw him alive on Jan 26 1926.

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1122 W Mulberry St

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Typical Sign

(Signed) Henry F. Dorsey M. D.

19 (Address) 1800 N Chester St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1-27-1926

20 UNDERTAKER Jacob Kaiser, 1431 E. Baltimore

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

Lea Zipes

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 001

CERTIFICATE OF DEATH.

E 06262

REGISTERED NO. E 06262

1-PLACE OF DEATH 1238 Bond St.

CITY OF BALTIMORE: (No. ..... ST., 3-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lea Zipes

(a) RESIDENCE No. 123 S. Bond ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 22 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Zipes

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 0 37

(c) Name of employer: 0

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address): 1439 E. Balto St.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1926, to Jan 27, 1926,

that I last saw her alive on Jan 27, 1927,

and that death occurred, on the date stated above, at 11-30 A.M.

The CAUSE OF DEATH* was as follows:

Coronary Failure

& Oedema of Lungs

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) ..... yrs. ..... mos. 9 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J. M. Greenberg, M. D.

, 19 (Address) 101 Forrest Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hebrew Rossdale

DATE OF BURIAL: 1-27- 1926

20 UNDERTAKER: Jack Lewis, 1439 E. Balto

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

06263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06263

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl Hospital St. W 3 WARD)

2-FULL NAME George Dunkerly.

(a) RESIDENCE NO. 2416 N Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk Health Dept.

(b) General nature of industry, business, or establishment in which employed (or employer) Health Dept.

(c) Name of employer Baltimore City.

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER George Dunkerly

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Elmira Gamble

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Deceased (Address)

15 Filed 2 7 1926, 19 C. HAMPSON JONES, M. D. Per RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1926, to Jan 26, 1926, that I last saw him alive on Jan. 25, 1926, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach with metastases to the liver.

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray & Laboratory

(Signed) Kent C. Hammond, M. D.

, 19 (Address) Md. Genl. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Jan 28 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06264

CERTIFICATE OF DEATH.

10 E 06264

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 26-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Stanczyk

(a) RESIDENCE No. 3200 O'Donnell St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 10, 1923

7 AGE	Years	Months	Days 16	If LESS than 1 day, hrs. or min.
	2	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country)

PARENTS

10 NAME OF FATHER Alexander Stanczyk

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Stella Wudkiewicz

13 BIRTHPLACE OF MOTHER (city or town) U.S.A. (State or country)

14 Informant Alex. Stanczyk

(Address) 3200 O'Donnell St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1926, to Jan 26, 1926, that I last saw him alive on Jan 26, 1926, and that death occurred, on the date stated above, at 4 40 p. m.

The CAUSE OF DEATH* was as follows:

Laryngeal diphtheria

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated Date of 1/26/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tice, M. D.

1/29, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus DATE OF BURIAL Jan 28, 1926.

20 UNDERTAKER M. J. Sadowski ADDRESS 705

JAN 27 1926 C. HAMPSON JONES, M.D.

Dec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06265 X 9-5-44 E 06265

CERTIFICATE OF DEATH.

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 1316 Steever ST.: ..... WARD)

2-FULL NAME Mrs. Edith Browning

(a) RESIDENCE. NO. Springfield Gardens Long Island N.Y. ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S., if of foreign birth? ..... yrs ..... mos. ..... ds

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 11th 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Harrisburg Pa.

10 NAME OF FATHER: John Pierce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harrisburg Pa.

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harrisburg Pa

14 Informant: Mrs. E. Browning

(Address): 1316 Steever St

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1926, to Jan 26, 1926, that I last saw her alive on Jan 25, 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): My carditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Long Island N.Y.

Did an operation precede death? No Date of ....

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) E. Gill Hall, M. D.

1/26 1926 (Address) 1631 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 28 1926

20 UNDERTAKER: Schumacher Bros 1004 Aisquith st — ADDRESS

HAMPDEN Journ. M. D.

Spec.—I-10-21—M&T—1500 Bks.

E 06266

HEALTH DEPARTMENT—CITY OF BALTIMORE E 06266

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH apt. E.

CITY OF BALTIMORE: (No. 1100- Madison Ave. St. 11-1 WARD)

2-FULL NAME Baby Boy Goodliffe

(a) RESIDENCE NO. Same. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 23-1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Same Md
(State or country)

PARENTS

10 NAME OF FATHER Cullen T. Goodliffe

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Richmond, Va.

12 MAIDEN NAME OF MOTHER Louise Coghill

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Richmond, Va.

14 Informant Father.
(Address) Same

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25-1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1926, to Jan. 25, 1926, that I last saw him alive on Jan. 25, 1926, and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity
about 6 mos' duration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Immaturity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dudley P. Bowe, M. D.

1/26, 1926 (Address) 9 04 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES, M. D.
Commissioner of Health

1926 3859 RRB

Spec.—1-10-21—M&T—1500 Bks.

E 06267

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No.) West Baltimore General Hospital ST., 15 WARD)

REGISTERED NO. 1676

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Fitzsworth

(a) RESIDENCE NO. 2102 Chelsea Terrace ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 25, 1926

7 AGE — Years — Months — Days — If LESS than 1 day, 3 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — (no)

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md (State or country)

PARENTS

10 NAME OF FATHER William B. Fitzsworth

11 BIRTHPLACE OF FATHER (city or town) Ellicott City (State or country) —

12 MAIDEN NAME OF MOTHER Helen Bostain

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mr William B Fitzsworth

(Address) 2102 Chelsea Terrace

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 25, 1926, that I last saw h[illegible] alive on Jan 25, 1926, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

Congenital Atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) — none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Hall S Gibbett, M. D.

Jan 25, 1926 (Address) 2220 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Spec.—8-24-14—M. & T.—2000 Eks.

06268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 North Clover St.; 9-6 WARD)

REGISTERED NO. C 14 6 E 06268

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Margaret Donovan

(Residence in Baltimore: No. 1211 E. Hoffman ave St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. 16, 1893 (Month) (Day) (Year)

7-AGE, 32 5 10 — 33 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country) Balto. Md

PARENTS.

10-NAME OF FATHER, Bernard Curley

11-BIRTHPLACE OF FATHER (State or Country) Balto. Md.

12-MAIDEN NAME OF MOTHER, Laura Hamilton

13-BIRTHPLACE OF MOTHER (State or Country) Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Donovan

(Address) 1211 E. Hoffman ave.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1/26 (Month) (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 1925, to Jan 26 1926, that I saw h[illegible] alive on 1/26 1926, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows: Hyaline Pulmonary Thrombosis

(Duration) yrs. one mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) yrs. 5 mos. ds.

(Signed) Thos. F. Cassidy M. D.

1/26, 192.. (Address) 1211 E. Hoffman ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Jan 29, 192[illegible]

20-UNDERTAKER Richard F. Curley

ADDRESS 1621 N. Wash. St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06269

E 06269

161-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1126 S. First ST., 1 WARD)

2-FULL NAME Baby Miller

(a) RESIDENCE NO. 1126 S. First. ST., 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Jan. 26, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER August Miller

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Czarnecka

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant August Miller
(Address) 1126 S. First St.

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1926 to Jan. 26, 1926, that I last saw her alive on Jan. 26, 1926, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Atelectasis Neonatorum

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Premature at 20 weeks

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) O. B. Bronshan, M. D.

1-27-26 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS .....

G. Hampson Jones, M. D. Commissioner of Health

JAN 27 1926

Registrar

Spec.—1-10-21—M&T—1500 Bks.

06270

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 06270

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE (No. 16 Ballmore Md ST. ..... WARD)

2-FULL NAME John. Kelly.

(a) RESIDENCE NO. Baltimore City Hospitals WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	71 years			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Balt Md.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or country)

14 Informant Hospital Records.
(Address) Baltimore Ct. Hospitals

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 11. 1925. to Jan 26. 1926.
that I last saw him alive on Jan 26. 1926.
and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:
Carcinoma. Prostate
& meladasis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (duration) ... yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? YES Date of May 15 1925

Was there an autopsy? No

What tests confirmed diagnosis? Clinical & Lab Tests

(Signed) Fra E Chamberlain, M. D.
(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Jan 28 1926

20 UNDERTAKER F. A. Kraussertow — ADDRESS 703 Hanover

C. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E. 06271 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 06271

CERTIFICATE OF DEATH. 100-601

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 E Madison ST 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian Daub

(a) RESIDENCE NO. 1000 E Madison ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lina Daub

6 DATE OF BIRTH (month, day, and year) 2/2-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Daub

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Gerneman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Frank C. Daub
(Address) New York City

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18. 1926 to Jan. 25. 1926, that I last saw him alive on Jan. 25. 1926, and that death occurred, on the date stated above, at 6-A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) — yrs. — mos 9 ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) ... yrs. 9 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) F. J. Bebel M.D.

19 (Address) 1001 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Matthews Cem. DATE OF BURIAL Jan 30, 1926

20 UNDERTAKER John Ellerich ADDRESS 201 S Eden

1926 C. HAMILTON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

E 06272

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06272

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellsworth Schwarz.

(a) RESIDENCE No. 231 S. Robinson St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov. 20. 1924

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Chas E. Schwarz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Marie Eppel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Chas E. Schwarz

(Address): 2315 Robinson St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925, to Jan 27, 1926, that I last saw him alive on Jan 27, 1926, and that death occurred, on the date stated above, at 10 5a m.

The CAUSE OF DEATH* was as follows:

Diphtheria, Tonsillar Pharyngeal & Laryngeal

(duration) yrs. mos. 37 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Tracheotomy Date of Jan 10, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

1/27, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Jan 29 1926

20 UNDERTAKER: John Ullrich

ADDRESS: 2008 Eutaw

1926 C. HAMPSON JONES, M. D.

Cor.—1-12-26—M&T—100 Blks.

E 06273

HEALTH DEPARTMENT—CITY OF BALTIMORE E 06273

CERTIFICATE OF DEATH.

24-2 24-001

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

2-FULL NAME George M. Dorer

(a) RESIDENCE NO. 501 E. Randall St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

6 If married, widowed or divorced WIFE of HUSBAND of Christina Dorer.

DATE OF BIRTH (month, day, and year) July 15, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Michael Dorer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Barbara Dorer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Christina Dorer (wife)

(Address) 501 E. Randall St.

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Jany. 26, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL Jan 28 1926

20 UNDERTAKER E. Schlosman & Son ADDRESS 1039 Fawcett

C. HAMPSON JONES, M. D.

F1926 CHJ Registrar

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06274

E 06274

CERTIFICATE OF DEATH.

132

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. WARD)

2-FULL NAME Mrs. Anna Mary Hiver

(a) RESIDENCE NO. 1013 Linden ave, ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Thomas Hiver

6 DATE OF BIRTH (month, day, and year) January 20. 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	—	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Jacob Ambrose Buell

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Thompson

13 BIRTHPLACE OF MOTHER (city or town) Balto Co. Md. (State or country)

14 Informant Isabel E. Wilmer (Address) 3722 Roland ave. Balto Md

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M.D.
1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-12-1926, to 1-25-1926 that I last saw her alive on 1-25-1926, and that death occurred, on the date stated above, at 11:55 P.m.

The CAUSE OF DEATH* was as follows:

Renal Calculi

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cholecystitis (acute) Bronchopneumonia (duration) yrs. mos. 5 ds.

Terminal Pulmonary Complication

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 1-18-26 Removal of Stones

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Conrad Zimmerman, M. D.

, 19 (Address) Maryland General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn DATE OF BURIAL Jan. 28 1926

20 UNDERTAKER Horace H. Burgee ADDRESS 3631 Falls Road

ec.—I-12-23—M&T—500 Bks.

E 06275

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06275

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 25-2170 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Venton Phillips

(a) RESIDENCE NO. Carroll Co near Gamber ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	45	—	— —	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) on Farm

(c) Name of employer

8 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant Mother Elizabeth Phillips
(Address) Carroll Co near Gamber

15 Filed , 19 RPR Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26- 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-19, 1926, to 1-26, 1926, that I last saw him alive on 1-26, 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia (bronchial)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bullet wound of head

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (over)

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) J Sheldon Lashley, M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druidwood Md — DATE OF BURIAL 1-29 1926

20 UNDERTAKER E & B Harle — ADDRESS 118 E Lexington St

Spec.—1-12-23—M&T—500 Blks.

E 06276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

174 E 06276

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (St.) 26-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Lawson

(a) RESIDENCE NO. 2525 McHenry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 7 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lawson

6 DATE OF BIRTH (month, day, and year) June 15 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger 052

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City (State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant wife - Mary Lawson (Address) 2525 McHenry St

15 Filed , 19 PRB. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27 1926

17

I HEREBY CERTIFY, That I attended deceased from 1-26, 1926, to 1-27, 1926, that I last saw h alive on 1-27, 1926, and that death occurred, on the date stated above, at 7 9. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) "Uremia"

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? town

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin. diag

(Signed) Gerard Stowell, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk Cem — DATE OF BURIAL 1-29 1926

20 UNDERTAKER E T B Hake — ADDRESS 115 E Heath

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06277

CERTIFICATE OF DEATH.

1926 E 06277

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Bloomingdale Rd ST. 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna Augusta Hufnagel

(a) RESIDENCE. NO. 1214 Bloomingdale Av ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: widow of John Hufnagel

6 DATE OF BIRTH (month, day, and year): Aug 5-1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Chas A Litmate

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Conordia Seicke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): John G Hufnagel 1207 Baker

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1923. to Jan 25, 1926.
that I last saw h(e) alive on Jan 25, 1926.
and that death occurred, on the date stated above, at 10.30 p. m.
The CAUSE OF DEATH* was as follows:
Chronic Brights Dis
(duration) 3 yrs. 0 mos. 23 ds.
CONTRIBUTORY (Secondary) old age
(duration) 3 yrs. 0 mos. 23 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? State Kidney at Autopsy

(Signed) W Clyde Burns, M. D.

1-25-26 19 (Address) 2617 E 32nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: 1-28 1926

20 UNDERTAKER: Mrs Chas A G Ritchie — ADDRESS: Lexington Ave

Spec.—1-10-21—M&T—1500 Bks.

E 06278

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06278

CERTIFICATE OF DEATH.

91-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St.Paul Apts. ST., 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Cornelia Duffy

(a) RESIDENCE NO. St.Paul Apts. ST., WARD Resident.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? 84 yrs. 3 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Duffy

6 DATE OF BIRTH (month, day, and year) Oct-25-1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	84	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Geo.B.McKillan

11 BIRTHPLACE OF FATHER (city or town) Adams Co.
(State or country) Penna

12 MAIDEN NAME OF MOTHER Sarah Dickinson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland.

14 Informant Judge Henry Duffy (son)
(Address) 110-W-North-Av.City.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27 1926

17 I HEREBY CERTIFY, That I attended deceased from May , 1925 , to 1/26 , 1926 ,
that I last saw h 26 alive on 1/26 , 1926 ,
and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & senile mental break

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm B Fisher M. D.

, 19 (Address) 1402 Park Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL GREEN MOUNT CEMETERY

DATE OF BURIAL Jan-28-26

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE

Jan 1926 C. HAMILTON JONES, M.D.

Roll

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06279

CERTIFICATE OF DEATH.

43 E 06279

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1333-Bolton-St. ST. 11-1 WARD)

2-FULL NAME Rebecca Edge Thomas

(a) RESIDENCE NO. 1333-Bolton-St. ST., ... WARD Resident

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 75 yrs. 0 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Yarnall Thomas

6 DATE OF BIRTH (month, day, and year) Jan-11-1926.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	0	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

(c) Name of employer None

9 BIRTHPLACE (city or town) Downington, (State or country) Chester Co., Pa.

PARENTS

10 NAME OF FATHER Joseph Edge

11 BIRTHPLACE OF FATHER (city or town) Chester Co. (State or country) Penna

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) Phila. (State or country) Penna

14 Informant Miss E. S. Thomas (daughter)

(Address) 1333-Bolton-St., City.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to 1/26, 1926, that I last saw her alive on 1/26, 1926, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left tonsil

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) general repair

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.

1/26, 1926 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Darlington, Harford Co., Md.

DATE OF BURIAL Jan-28-26

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

1926 C. HAMPSON [illegible], M.D.

Per [illegible]

P.O.H.

PLACE OF DEATH

E 06280

E 06280

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 1754

r City Baltimore (No. 421 Homeland St. Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Kennedy Streett

ERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

OF BIRTH: May 30, 1857 (Month) (Day) (Year)

68 yrs. 7 mos. 27 da. | If LESS than 1 day ..... hrs. or .... min. ?

ATION
de, profession or
lar kind of work: Policeman Ret.

neral nature of industry
ss, or establishment in
employed or (employer): Retired 16 years

PLACE
ate or country): Harford Co Md

NAME OF FATHER: Corbin G Streett

BIRTHPLACE OF FATHER (State or country): Harford Co Md

MAIDEN NAME OF MOTHER: Nancy Streett

BIRTHPLACE OF MOTHER (State or country): Harford Co

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

ormant) William G Streett (Son)

(Address) 421 Homeland Ave Baltimore

7 1926 192 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 27 (Day) 1926 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Dec 24 1925 to Jan 27 1926 that I last saw h[illegible] alive on Jan 26 1926 and that death occurred on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chr. Int. Nephritis
Chr. Myocarditis

(Duration) 5+ yrs. mos. da.

Contributory Secondary: Cerebral Hemmhage

(Duration) yrs. 1 mos. 4 da.

(Signed) D. L. Bishop M.D.

Jan 27 1926 (Address) 501 Sheridan Av.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 10 yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL: Wm Wallace Mem Lawn | DATE OF BURIAL: Jan 29 1926

20 UNDERTAKER: E G Kurtz & Son | ADDRESS: Garrettsville Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1

Spec 3-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06281

E 06281

CERTIFICATE OF DEATH.

REGISTERED NO. 9 E 06281

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 5-2 WARD)

2-FULL NAME Blossie Thompson

(a) RESIDENCE NO. 1122 Law ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) Aug 3, 25

7 AGE — Years: — Months: 5 Days: 22 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jos. Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Awford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1926, to Jan 25th, 1926, that I last saw h[illegible] alive on Jan 25th, 1926, and that death occurred, on the date stated above, at 6 40 P. m.

The CAUSE OF DEATH* was as follows:

Pericarditis

(duration) ... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) ... yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) ... M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cmtry

DATE OF BURIAL 1, 28 1926

20 UNDERTAKER J Harvey Smith

ADDRESS 708 Dolphin

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06282

06282

118-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. [illegible] ST. [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Brother Ephram

(a) RESIDENCE NO. St. Marys Industrial School ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 1 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	—	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

065

BIRTHPLACE (City or town) Lynn, Mass.
(State or country)

10 NAME OF FATHER Patrick

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Fitzpatrick

13 BIRTHPLACE OF MOTHER (city or town) [illegible]
(State or country)

14 Informant Brother Benjamin
(Address) St. Marys Industrial School

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-26, 1926 to 1-26, 1926, that I last saw h/m alive on 1-26, 1926, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Obstructed Inguinal Hernia.

Intestinal Obstruction

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-26-1926

Was there an autopsy? —

What test confirmed diagnosis? Operation-Clinical

(Signed) Francis A. Ellis, M. D.

19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/28 1926
20 UNDERTAKER	ADDRESS
Chas. P. Evans & Son	1810 Druid Park Lane

C. HAMPSON JONES, M. D.

1926

RP 24

Spec.-1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06283

CERTIFICATE OF DEATH.

129E 06283

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1929 W. Lafayette Ave ST.) 16-5 (WARD)

2-FULL NAME Hannah Lang

(a) RESIDENCE No. 1929 W. Lafayette Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? --- yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 6-1861

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Michael Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Fredericka Hyman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Theo Reed
(Address): 1929 W Lafayette Ave

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27 1926

17 I HEREBY CERTIFY, That I attended deceased from January 8, 1925, to January 27, 1926, that I last saw h[illegible] alive on January 26, 1926, and that death occurred, on the date stated above, at 7 30 AM.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis
Chr Interstitial Nephritis
(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas P Claudius M. D.

Jan 27, 1926 (Address) 1504 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: Jan. 29 1926

20 UNDERTAKER: Harry W. Ehlen

ADDRESS 1949 W. North Ave

C. HAMPSON JONES, M. D.

pec.—6-9-19—H. P. Co.—1000 Bks.

(Carter)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06284

CERTIFICATE OF DEATH.

124

E 06284

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 112-W-23rd St. 123 WARD)

2-FULL NAME Richard Wyle Carter

(a) RESIDENCE. No. 112-W-23rd St. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Carter

6 DATE OF BIRTH (month, day, and year): Jan 24, 1865

7 AGE: 61 Years 57 yrs Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): -

(c) Name of employer: 040

9 BIRTHPLACE (city or town) (State or country): Greenwood, S.C.

PARENTS

10 NAME OF FATHER: Marion Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Mrs. Carter. (Address) 112 W. 23rd St.

15 Filed ..... 1926 ..... 19 ..... Registrar RKP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1925, to Jan 24, 1926, that I last saw h— alive on Jan 22, 1926 and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinary Test

(Signed) L. A. Johnson M. D.

19 (Address) 2327 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenwood South Carolina

DATE OF BURIAL: 1-27 1926

20 UNDERTAKER: Mrs. Kate R. Williams

ADDRESS 1224 E. Schroeder St.

Spec. 1-10-21 M&T 1500 Blks.

(Samuel H. Davis)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06285

CERTIFICATE OF DEATH.

129 E 06285

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 661 George St ST. 17-W WARD)

2-FULL NAME Samuel H Davis

(a) RESIDENCE NO. 661 George St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Blk	widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L Davis

6 DATE OF BIRTH (month, day, and year) unknown 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
1 59	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) O/O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Co Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant W Silvia Plummer
(Address) 661 George St

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 2, 1926, to Jany 24, 1926.

that I last saw him alive on Jany 24, 1926,

and that death occurred, on the date stated above, at 2P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis
with Cardiac Hypertrophy
(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Coma
(duration) .. yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustave Goldman M. D.

, 19 (Address) 636 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Jan. 29, 1926
20 UNDERTAKER	ADDRESS 322
Mrs. Katie R. Williams	N. Schroeder St.

JAN 29 1926

Spec. 1-10-21 M&T 1500 Blks.

E 06286

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06286

100

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 14-1 WARD)

2-FULL NAME William Turton

(a) RESIDENCE NO. 257 N. Vincent ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6b DATE OF BIRTH (month, day, and year): 1837

7 AGE: 74 (Years) (Months) (Days) If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm Turton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Harriett Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed ..... 19 ..... Registrar

Roll

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1925, to Jan. 26, 1926, that I last saw him alive on Jan. 24, 1926 and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Neilson M. D.

1/26 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan 30 1926

20 UNDERTAKER: Mrs. Kate R. Williams

ADDRESS 222 N. Schroeder St.

Spec.—1-12-23—M&T—500 Blks.

E 06287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 06287

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2561 W. Baltimore St. ST., 10-3 WARD)

2-FULL NAME Ella M. Little

(a) RESIDENCE No. 2561 W. Baltimore St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of or) WIFE of: William E Little

6 DATE OF BIRTH (month, day, and year): July 23/1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Robert Close

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Margaret Coates

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Agnes M. Fitzgerald

(Address): 2561 W Baltimore St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 — 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1926, to Jan 27, 1926,

that I last saw her alive on Jan 26, 1926,

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic Hypertension

Pneumonia

Endocarditis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Coronary Disease

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert E Kelch, M. D.

1/27, 1926 (Address) 2651 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Jany 30 1926

20 UNDERTAKER: Henry H Arnacost — ADDRESS: 4202 Reisterstown Ave

1926 C. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

Stella Palasik

E 06288

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06288

CERTIFICATE OF DEATH.

31

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 S. Glover ST., 13 WARD)

2-FULL NAME Stella Palasik

(a) RESIDENCE NO. 716 S. Glover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 25 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Palasik

6b DATE OF BIRTH (month, day, and year): March 25-1897

7 AGE — Years: 28 | Months: 10 | Days: 12 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Joseph Pakulski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Mary Lewandawska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Mary Pakulski 716 S Glover st

15 Filed ..... 19 .....

7 1926 C. CAMPBELL JONES, M. D.

RPK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925, to Jan 26, 1926, that I last saw h[illegible] alive on Jan - 25 -, 1926, and that death occurred, on the date stated above, at 345 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2-3 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? ... Date of ...

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Kathern J. Davidow, M. D.

19 (Address) 3035 Edmondson Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus cem — DATE OF BURIAL: Jan 30 1926

20 UNDERTAKER: John M Weber — ADDRESS: 1803 L

Spec.—1-10-21—M&T—1500 Bks.

E 06289

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06289

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 S. Ann St ST. 1-1 WARD)

2-FULL NAME John Tomczak Jr.

(a) RESIDENCE NO. 309 S. Ann St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): February 12, 1922

7 AGE — Years: 3 — Months: 11 — Days: 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Tomczak

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Emma Gardner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: John Tomczak (Address) 309 S. Ann St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 27 1926

17

I HEREBY CERTIFY, That I attended deceased from January 23, 1926 to January 26, 1926, that I last saw him alive on January 26, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia Congestion of Lungs

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

Jan 27, 1926 (Address) 2065 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincent — DATE OF BURIAL: Jan 29 1926

20 UNDERTAKER: John M Weber — ADDRESS: 1803 Bank

(Morris)

pec.—6-9-19—H. P. Co.—1000 Bks.

E 06290

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06290

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2434 Madison ave ST. 13-8 WARD)

2-FULL NAME John L Morris

(a) RESIDENCE. No. 2434 Madison ave ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Morris

6 DATE OF BIRTH (month, day and year): Mar 24 1846

7 AGE: Years 79 | Months 2 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ret Railroader

(b) General nature of industry, business, or establishment in which employed (or employer): 13

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Samuel Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jennie Palmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Miss Myrtle Morris

(Address)

15 Filed ....., 19..... Registrar

JAN 27 1926 C. HAMPSON JONES, M.D. Registrar

EPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 1926, to Jan 25 1926, that I last saw h-- alive on Jan 25 1926, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F S Robertson, M. D.

, 19 (Address) 330 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem Frederick	Jan 28 192
20 UNDERTAKER: E LeRoy Steffen	ADDRESS: 122 North Ave

EUTAW PLACE & WILSON ST.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06291

CERTIFICATE OF DEATH.

90 E 06291

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) Marlborough Apts. St., 4-W WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Baer

(a) RESIDENCE No. Marlborough Apts. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Solomon Baer

6 DATE OF BIRTH (month, day, and year): Aug. 26, 1855

7 AGE — Years: 70 — Months: 5 — Days: 1 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Bernard Blumenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Jeannette Stern

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. E. Blumenthal

(Address): Marlborough Apts

15 Filed ..... 19 .....

Registrar

RPM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/27/1926.

17

I HEREBY CERTIFY, That I attended deceased from January, 1924, to Jan 27, 1926, that I last saw h[illegible] alive on Jan 27, 1926 and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris (Hypertension)

Chr. Myo Cardiitis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Cerebral Oedema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted? If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael A Abrams, M. D.

1/27, 1926 (Address) 360 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chev Shalom Cem.

DATE OF BURIAL: 1/29/1926

20 UNDERTAKER: Dard Sondheim

ADDRESS: 1120 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06292 CERTIFICATE OF DEATH. VE 06292

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. W-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Craig

(a) RESIDENCE NO. 2412 Sisson St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 19, 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER John Craig

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Anna Watson

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Mrs. Craig
(Address) 2412 Sisson St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926, to Jan 27, 1926, that I last saw h[illegible] alive on Jan 27, 1926, and that death occurred, on the date stated above, at 12[illegible]5 p m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G Tull M. D.

1/27 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden — DATE OF BURIAL 1/28 1926

20 UNDERTAKER J M Dennis — ADDRESS 3207 Pinkert

Spec.—1-10-21—M&T—1500 Bks.

E 06293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06293

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE (No. 2414 Sisson ST. 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Redman.

(a) RESIDENCE No. 2414 Sisson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha M. Redman

6 DATE OF BIRTH (month, day, and year): Aug 17 1864

7 AGE: Years 61 Months 5 Days 9. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ellicott city Md.

PARENTS

10 NAME OF FATHER: William Redman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Martha M Redman (Address) 2414 Sisson St.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/21, 1926, to 1/26, 1926, that I last saw h[illegible] alive on 1/26, 1926, and that death occurred, on the date stated above, at 12 20 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) [illegible] M. D.

Jan 26 1926 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hanover DATE OF BURIAL 1/29 1926

20 UNDERTAKER: J Hall Deaver ADDRESS 330 Paine St.

C. HAMPSON JONES, M. D.

1926

Registrar

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06294

1-PLACE OF DEATH

City of BALTIMORE: (No. 842 W Ostend St. Ward)

2-FULL NAME. Baby William Bowser

(a) Residence No. 842 Ostend St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.)

6-a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 10-8-1925

7-AGE, yrs. 3 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto City

PARENTS.

10-NAME OF FATHER, William Bowser

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Lena Eggins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Phila

14- (Informant). Francis Ortiz

(Address). 842 W. Ostend St.

15- Filed ..... 192 ..... Registrar.

DEC 6 1926 HAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-23-26

17- I HEREBY CERTIFY, That I attended deceased from Jan 23, 19 26, to ....., 19.....

that I last saw him alive on Jan 23, 19 26

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Fall - accidental

Concussion Brain

(Duration) Fact yrs. mos. ds.

CONTRIBUTORY (Secondary) Lacerated injuries

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jas. A. Cooke M. D.

, 19 (Address) 6 S. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Zion Ct. DATE OF BURIAL, Jan 27, 19 26

20-UNDERTAKER, J. L. Brown. ADDRESS 108 W. Mon

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06295 179 ✓ E 06295

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkihs Hospital St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Brockington

(a) RESIDENCE NO. 712 S. Charles St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) XXXXX

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Lawrence Brockington

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Nannie Vaughn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Hopkins Hospital

(Address)

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidebtal Nurns over neck, face arms & rtfoot.
(Bed clothes set fire by small bro while mother was out of home)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

1/27/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion ct Date of Burial Jan 28 1926

20 UNDERTAKER J. L. Brown & Son ADDRESS 1424 N. Mart

Cor.—1-12-23—M&T—100 Blks.

E 06296

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 06296

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Race St. ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Noble.(C)

(a) RESIDENCE NO. 1131 Race St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Colored	Married

If married, widowed, or divorced (or) WIFE of William Noble.(C)

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	---	---	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

14 NAME OF FATHER Do not know.

15 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

16 MAIDEN NAME OF MOTHER Do not know.

17 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant William Noble.(C) husband.

(Address) 1131 Race St.

Filed ..., 192 RK. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 26, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Rensharet, M. D. (Coroner.)

Jany. 26, 1926 (Address) 1047 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 1/28 1926

20 UNDERTAKER Walter B. Spriggs

ADDRESS 1394 W. Hamburg st.

Spec.—1-10-21—M&T—1500 Blks.

E 06297

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06297

94-002 E 06297

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No.) ST., 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Friedman

(a) RESIDENCE NO. ~~139~~ 1619 Lansing Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): M

6a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Jos F Friedman

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE — Years: 30 — Months: — Days: 29 — If LESS than 1 day, hrs. or min.

~~29~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Shona Lea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jos. Freidman

(Address) 1619 Lansing St

15 Filed ..... 19 ..... Registrar

NOV 8 1926

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Jan 27, 1926, that I last saw h[illegible] alive on Jan 27, 1926, and that death occurred, on the date stated above, at 12:50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

Emphysema

Bronchiectasis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) I. Neter Schlesinger, M. D.

1/27 1926 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrem Hebrew

DATE OF BURIAL 1/28 1926

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Biddle St

Rev.—1-12-23—M&T—100 Blks.

06298 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 06298

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH 3646 Beechaw St. 13-4 REGISTERED NO.

CITY OF BALTIMORE: (No. " " St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin F. Hare

(a) RESIDENCE No. 3646 Beechaw St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillie M. Hare

6 DATE OF BIRTH (month, day, and year): Aug. 12/1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Labour.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Lillie M. Hare
(Address): 3646 Beechaw

Filed ..... 192 .....

..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, on the ... day of ... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gaseous Disease of Heart

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) ..., M. D. (Coroner.)

Jan 27, 1926 (Address) 2672 Reedon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Cem Hampden	1/28 1926
20 UNDERTAKER	ADDRESS
J. Walter Downs	307 Pine

E. HAMPSON JONES, M.D.

Spec. 6-9-19 H. P. Co. 1060 Blks.

E. 6299 HEALTH DEPARTMENT—CITY OF BALTIMORE E 6299.

CERTIFICATE OF DEATH.

94-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 S Linwood Ave ST.: 1-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Edward John Keiser

(a) RESIDENCE. No 1110 S Linwood Ave ST., 1 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 9 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Carol Keiser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Czesko Slov

12 MAIDEN NAME OF MOTHER Anna Kovach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Czesko Slov

14 Informant Carol Keiser
(Address) 1110 S. Linwood Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 26. to Jan. 27, 26.
that I last saw him alive on Jan. 27, 26.
and that death occurred, on the date stated above, at 7 30 P.M.

The CAUSE OF DEATH* was as follows:
Acute Bronchitis

(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Myocardial Insufficiency
(duration) yrs. mos. 7/21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Brockunier, M. D.

1-27, 1926 Address 3037 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	Jan 28 1926

20 UNDERTAKER — ADDRESS

Stephen J Fiaskowski — 1000 S Kenwood

2 R 1926 C. HAMPSON JONES, M. D.

Spec.—8-24-14—M. & T.—2000 Blks.

E 06300

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06300

CERTIFICATE OF DEATH.

129

19-1

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 W Lexington ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Price

(Residence in Baltimore: No. 1320 W Lexington St.; 70 yrs., 10 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 8 (Day) 1847 (Year)

7-AGE, 78 yrs. 10 mos. 19 ds.

If LESS than 1 day, 18 ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 0

PARENTS.

9-BIRTHPLACE, (State or Country). Balto Co Md

10-NAME OF FATHER. Thomas R. Price

11-BIRTHPLACE OF FATHER (State or Country). Balto Co Md

12-MAIDEN NAME OF MOTHER Margaretta Price

13-BIRTHPLACE OF MOTHER (State or Country). Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Price

(Address) 1320 W Lexington St.

15-

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 26 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1925, to Jan 26 1926, that I saw her alive on Jan 26 1926, and that death occurred, on the date stated above, at 9 45 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) B. K. Hindman M. D.

Jan 26, 1926 (Address) Sparks Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Friends Cemetery Balto

DATE OF BURIAL, Jan 29, 1926

20-UNDERTAKER Wm C. Griffith

ADDRESS Sparks Md

C. HAMPSON JONES, M. D.

06301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 ✓

Registered No. C 06301

1-PLACE OF DEATH

City of BALTIMORE: (No. 1212 Homewood Ave St. 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer E. Miller

Residence in Baltimore: No. 1212 Homewood ave St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 28 (Day) 1863 (Year)

7-AGE, 62 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pa. Ry
(b) General nature of industry, business, or establishment in which employed (or employer): Conductor

9-BIRTHPLACE, (State or Country), Pa

PARENTS

10-NAME OF FATHER Oliver Miller

11-BIRTHPLACE OF FATHER, (State or Country), Pa

12-MAIDEN NAME OF MOTHER Susan Thompson

13-BIRTHPLACE OF MOTHER, (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E. Emma Miller

(Address) 1212 Homewood Av

15-

Filed ..... 192.....

C. HAMPSON JONES, M. D. Registrar.

RK

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Jan (Month) 25 (Day) 26 (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Collins M. D. (Coroner.)

1/27/26 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge DATE OF BURIAL, Jan 28 1926

20-UNDERTAKER, A B Marshall ADDRESS 3539 Fall Rd

Spec.—1-10 21 M&T 1500 Blks.

Thomas

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84460
E 06302

32 E 06302

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.) ST. 16-7 WARD)

2-FULL NAME Lucy Thomas

(a) RESIDENCE NO. 1215 Winchester St ST., Balto WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

Dec 6 1925

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		11 Mos	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Louis Thomas

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Irene Shelton

13 BIRTHPLACE OF MOTHER (city or town) Ga —
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17

I HEREBY CERTIFY, That I attended deceased from 1-24, 1926, to 1-27, 1926,

that I last saw her alive on 1-27, 1926,

and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Wm Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	Jan 29th 1926
20 UNDERTAKER	ADDRESS
Hammond & Dorsey	2645 Cary

FEB 8 1926 HAMPSON JONES, M. D.

c.—1-12-23—M&T—500 Blks.

E 06303

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 06303

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 21-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward McMahan

(a) RESIDENCE NO. 1257 Washington Boulevard ST., WARD

(Usual place of abode) Unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1905 May 4

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
20	21	10	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Store worker

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Hospital Records

(Address)

Filed , 19 R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1926, to Jan. 26, 1926,

that I last saw him alive on Jan. 26, 1926,

and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis.

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Thos Kane Jr. M. D.

1-26-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: Jan 29 1926

20 UNDERTAKER: John J. Fields

ADDRESS: 2200 W Fayette

JAMES H. JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 06304

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06304

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 N. Broadway ST., 6-1 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Seidt

(a) RESIDENCE NO. 127 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of John Seidt

DATE OF BIRTH (month, day, and year) Aug 4, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto (State or country) Md.

10 NAME OF FATHER John Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hansen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant John A. Seidt (Address) 127 N. Broadway

15 Filed , 19 RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25, 1926

17

I HEREBY CERTIFY, That I attended deceased from January 7, 1900, to Jan 25, 1926, that I last saw her alive on Jan 25, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Lupus Uteri

Valvular Dis Heart

(duration) 26 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmon Congest

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Paul G. Hooper, M. D.

, 19 (Address) 1500 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan 28 1926

20 UNDERTAKER H. Sander Sons Inc

ADDRESS 1700 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

06305

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 06305

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 E. Fayette ST., 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian H. Hasselhoff

(a) RESIDENCE NO. 2510 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hasselhoff

DATE OF BIRTH (month, day, and year) Aug 15. 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or .... min.
	72	5	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer P. R. R.

BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wm. Hasselhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Emma Hasselhoff (Address) 2510 E. Fayette St

15 Filed ....., 19 RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 26, 1926.

That I last saw him alive on Jan 26, 1926,

and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. 2 mos. 16 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency Edema

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) # W. G. Geyer, M. D.

, 19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 29 1926

20 UNDERTAKER H. Sander Sons Inc — ADDRESS 1710 Fleet St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1902 118 E 06306

CERTIFICATE OF DEATH.

06306

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1207 W Fayette ST., 18-2 WARD)

2. FULL NAME Sarah L. Jones

(a) RESIDENCE No. 1207 W Fayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND) of (or) WIFE of: Widowed

6b DATE OF BIRTH (month, day, and year): Aug 20 1845

7 AGE: Years 80 | Months 5 | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Laurel Md

PARENTS

10 NAME OF FATHER: Richard Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Laurel Md

12 MAIDEN NAME OF MOTHER: Caroline Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Laurel Md

14 Informant: A. Jones

(Address): 111 S Gilmor st

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1926, to Jan 26, 1926, that I last saw her alive on Jan 25, 1926, and that death occurred, on the date stated above, at 10 1/2 P m.

The CAUSE OF DEATH* was as follows:

Intestinal paresis & Obstruction

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) Cutero-Sclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Bernard S. Strauch, M. D.

1/26, 1926 (Address) 1707 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon PK — DATE OF BURIAL: Jan 29th 1926

20 UNDERTAKER: A. Jones — ADDRESS: 111 S Gilmor st

R.K.

Spec.—1-10-21—M&T—1500 Bks.

E 06307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 06307

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 316 S. Bethel ST. 3-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Mack

(a) RESIDENCE NO. 316 S. Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriet Mack

6 DATE OF BIRTH (month, day, and year): Mar 20 1876

7 AGE — Years: 50 — Months: 10 — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter 070

(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Public Health Service

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Charles County Md

PARENTS

10 NAME OF FATHER: Wm Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Harriet Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Richard Mack 541 W. Biddle st.

15 Filed ..... 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3 1925 to Jan 26 1926

that I last saw him alive on " 25 1926

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Valvular Dis. Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C. Ruer, M. D.

1/27/1926 (Address) 408 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 1/29/26

20 UNDERTAKER: Mrs Ida Snowden — ADDRESS: 1725 Ashland Av

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06308 — 90 — E 06308

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 N. Caroline ST., 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John N. Owens

(a) RESIDENCE NO. 1731 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Owens

DATE OF BIRTH (month, day, and year) Nov 2nd 1850

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	2	28	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Nicklas Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Elizabeth Owens

(Address) 1731 N. Caroline St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Jan 27, 1926, that I last saw him alive on Jan 26, ..., and that death occurred, on the date stated above, at 220 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W. Donaldson, M. D.

, 19 (Address) 1714 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Jan 29th 1926

20 UNDERTAKER George Schilling & Sons — ADDRESS 1120 E Monument St

HAMPSON JONES, M.D.

JAN 28 1926

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06309 E 06309

CERTIFICATE OF DEATH.

REGISTERED NO. 193

1-PLACE OF DEATH Found near
CITY OF BALTIMORE: (No. 14 & St & 6th ave ST. No. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calvin P Mundy

(a) RESIDENCE NO. 340 S. 13th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. 10 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cora E Mundy

DATE OF BIRTH (month, day, and year) Feb 28 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	4	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Retired

BIRTHPLACE (city or town)
(State or country) Virginia

10 NAME OF FATHER Patrick Mundy

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

Informant Mabel Sparks
(Address) 348 S 13th St.

Filed ..... 192 ..... RK. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found Jan 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to Dth death on the day stated above.

The CAUSE OF DEATH* was as follows:
Frozen to death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia
(duration) yrs. mos. ds.

(Signed) James H. Burton, M. D.
(Coroner)
Jan 27, 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlottesville Va

DATE OF BURIAL 1/27/1926

20 UNDERTAKER Philip Herring

ADDRESS 201 Orleans

[illegible] HAMPSON JONES, M. D.

Spec.—1-10-21 M&T 1500 Bks.

E 06310

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 06310

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1725 Mc Henry ST. 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis L. Hoover.

(a) RESIDENCE NO. 1725 Mc Henry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	W hite	Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Freida B Hoover.

DATE OF BIRTH (month, day, and year) Dec 22, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52.	1	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Albert Hoover

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mrs Freida B Hoover (Address) 1725 Mc Henry St

15 Filed ....., 19 ..... R L Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Jan 26, 1926.

that I last saw him alive on Jan 26, 1926,

and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(duration) yrs. 3. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia.

(duration) yrs. mos. 2. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. D. Driscoll M. D.

Jan 27 1926 (Address) 1311 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Jan 29 26.

20 UNDERTAKER Roger J Gorman Dir. ADDRESS

Per J. J. Gorman Dir. 901 Hollins St.

Cor.—12-9-25—A Co.—200 Bks.

6311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 6311

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick R. Strecker

(a) RESIDENCE NO. 1808 E. Monument St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Anna Strecker

6 DATE OF BIRTH (month, day, and year) July 22/1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of indnstry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant John Oppitz

(Address) 1808 E. Monument St

15 Filed_____, 19____ RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Confluent Lobar Pneumonia

(Autopsy at Hopkins Hospital)

(duration) ____yrs. ____mos. ____ds.

CONTRIBUTORY (Secondary) Diabetes Mellitis-Arteriosclerosis

(duration) ____yrs. ____mos. ____ds.

(Signed) H. H. Wade M. D.

(Coroner)

1/27/26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death____yrs.,____mos.,____ds. In the State____yrs.,____mos.,____ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Druid Hill Cemetery Jan 28 1926

20 UNDERTAKER Wm. F. Schaefer ADDRESS 1816 Monument

Spec.—1-10-21—M&T—1500 Bks.

Barling ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

06312 — 8 Wks — Ave Mt Wash — 1/60 — E 06312

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Wks Avenue ST., 21-W WARD)

2-FULL NAME Shirley L Barling

(a) RESIDENCE NO. 8 Wks Avenue ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) January 9th 1926

7 AGE — Years: — Months: — Days: 16 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Edward A. Barling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Carrie E. Fick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Edward A Barling
(Address): Baltimore

15 Filed ....., 19..... Registrar K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 27 1926

17 I HEREBY CERTIFY, That I attended deceased from January 9, 1926, to January 27, 1926, that I last saw her alive on January 27, 1926 and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Insanition

(duration) ..... yrs. ..... mos 16 ds.

CONTRIBUTORY (Secondary) exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] Ford, M. D.

1-27 1926 (Address) 1 W Washington Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 1/28 1926

20 UNDERTAKER: E. V. Fanning, Inc - 1386 — ADDRESS: Lafayette

Dec.—6-9-19—H. P. Co.—1000 Bks.

06313

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 06313

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 606 E. Clement St. 24-1 WARD)

2-FULL NAME Phillippa Rubesch

(a) RESIDENCE. No. 606 E. Clement St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Rubesch

DATE OF BIRTH (month, day, and year) May 1st 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	26.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Austria

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Frances Fleming
(Address) 606 E. Clement St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1925, to Jany 27, 1926, that I last saw h[illegible] alive on Jany 27, 1926, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ruston Dell M. D.

1/28 1926 (Address) 1509 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery Co.	1/31 1926

20 UNDERTAKER ADDRESS

E. J. Fleming & Son 1465 Battery Ave.

JAN 28 1926

—1-12-23—M&T—500 Bks.

E 06314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 06314

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 837 E. Eager ST. 10-7 WARD)

2-FULL NAME John Lalla

(a) RESIDENCE No. 837 E. Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 2 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Hirsch

DATE OF BIRTH (month, day, and year) July 12, 1863

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	6	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Baker

(b) General nature of industry, business, or establishment in which employed (or employer) formerly 003

(c) Name of employer Northport N. Y.

BIRTHPLACE (city or town) Germany (State or country)

10 NAME OF FATHER Frederick Lalla

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

Informant Mrs Mary M. Conklin

(Address) 927 E Eager St.

Filed ....., 19 ..... R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27. 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 27th, 1924, to Jan 27th, 1926,

that I last saw him alive on Jan 26th, 1926,

and that death occurred, on the date stated above, at 12 15 a m.

The CAUSE OF DEATH* was as follows: Carcinoma of Pancreas

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Sept 1924

Was there an autopsy?

What test confirmed diagnosis? Operation Sept 1924

(Signed) L M C Parker, M. D.

Jan 27, 1926 (Address) 1114 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
E. Northport Greenlawn L. I. N.Y.	Jan 30 1926
20 UNDERTAKER	**ADDRESS**
Edmund W Conklin	924 E Eager St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06315 — REGISTERED NO. E 06315

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~933 Ensor St~~ St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leomard J. Quinn

(a) RESIDENCE NO. 933 ENsor St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Mar 2?/25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Wm. J. Quinn

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary McAleer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md.

14 Informant Mrs. Mary Quinn

(Address) 933 Ensor St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19?? Jan 27/2?

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncopneumonia

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Measles

..... (duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Cole M. D.

(Coroner)

1/27/26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — Date of Burial: Jan. 28 1926

20 UNDERTAKER: Elmer R. Conklin — ADDRESS: 924 E. Eager

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06316

CERTIFICATE OF DEATH.

49 E 06316

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 E. Montgomery ST. 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert McMeikan

(a) RESIDENCE NO. 215 E. Montgomery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Grace M. McMeikan

DATE OF BIRTH (month, day, and year) Oct. 31, 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	2	24 25	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dealer in 045

(b) General nature of industry, business, or establishment in which employed (or employer) Engineers

(c) Name of employer Supplies

8 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER James McMeikan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Alex D. McMeikan

(Address) 215 E. Montgomery St.

15 Filed ..... , 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to Jan 25, 1926

that I last saw him alive on 1-25, 1926

and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

angina Pectoris

(duration) yrs. mos 2 hrs.

CONTRIBUTORY (Secondary) Chronic Myocarditis.

Carcinoma Lung of Pancreas (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? General arterio sclerosis

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical

(Signed) James Brown M. D.

, 19 (Address) 808 Park ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jan 28 1926

20 UNDERTAKER John H. Denny — ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

06317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 001

× 101 E 06317

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hosp ST., 11-2 WARD)

2-FULL NAME Henry Johnson — Taylor

(a) RESIDENCE NO. Tapeaco Hotel Sparrows Pt. ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 640

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Elijah Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Jim Featherstone

(Address) 1105 N. Gilmor

15 Filed ....., 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926 to Jan 26, 1926

that I last saw him alive on Jan 26, 1926,

and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) myocarditis, toxemia, meningitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Sparrows Pt. Md.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs only

(Signed) John W. Haines, M. D.

. 19 (Address) 1613 W. Fairvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Roxboro N.C. via Amer Ex

DATE OF BURIAL Jan 29 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06318

E 06318

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 215 N Pine St 2nd Floor (ST.) 4-1 (WARD)

2-FULL NAME Anna Goodlue

(a) RESIDENCE NO. 215 N Pine St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45 47			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic Servant 070
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer unknown

BIRTHPLACE (city or town) Unknown
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

Informant Capt. Wilson
(Address)

Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Error of diet

(duration) ... yrs. ... mos. 1 ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. 1 ... ds.

(Signed) H. H. Hades, M. D.
(Coroner.)

Jan 27, 192 (Address) 4370 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Jan 29 1926
20 UNDERTAKER Leon A. Whalen	ADDRESS 308 Myrtle

Cor.—12-9-25—A Co.—200 Bks.

06319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06319

101-001

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 16-6 Ward)

2-FULL NAME Janie Bell Jessie

(a) RESIDENCE NO. 1511 Laurens St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Aug 20-24

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Boykin Jessie

11 BIRTHPLACE OF FATHER (city or town)

(State or country) S.C.

12 MAIDEN NAME OF MOTHER Leckie Prince

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S.C.

14 Informant Boykin Jessie

(Address) 1511 Lairens St

15 Filed_____ 19_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains deserибed above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Lober Pneumonia

(Autopsy at Hopkins Hospital)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Ricketts)

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.

(Coroner)

1/28/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Date of Burial Jan 28 1926

20 UNDERTAKER [illegible] ADDRESS 1405 Madison

c.—1-12-23—M&T—500 Blks.

06320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 1506 E 06320

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1902 E Madison ST., 7-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice A. Mc Kewen

(a) RESIDENCE No. 1902 E Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of or) WIFE of: —

DATE OF BIRTH (month, day, and year) Jan 13-1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER Wm Mc Kewen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER Alice A Dudrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant Wm Mc Kewen

(Address) 1902 E Madison St

Filed ....., 19 .....

Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/13/25, 19 ... to 1/27/25, 19 ..., that I last saw her alive on 1/25/25, 19 ..., and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Contusion

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Anemia

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Oldberg, M. D.

, 19 (Address) 719 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — DATE OF BURIAL: Jan 28 1926

20 UNDERTAKER: Geo M. Smith & Sons — ADDRESS: 311 N Wolfe

Spec.—1-10-21—M&T—1500 Blks.

Bronislaw Wyszkowski ✓

06321

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 06321

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Bonner ST. 1-W WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bronislaw Wyszkowski

(a) RESIDENCE NO. 507 S. Luzerne ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 10 yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of Eva Wyszkowski

6 DATE OF BIRTH (month, day, and year) March 25 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant S. Wyszkowski
(Address) 507 S. Luzerne St.

15 Filed ....., 19 ..... R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28 1926

17 I HEREBY CERTIFY, That I attended deceased from January 26, 1925, to 1/26, 1926, that I last saw him alive on 1/26, 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation + Chronic tissue congestion

(duration) ... yrs 5+ mos ... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia + Heart failure

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Signs + Symptoms

(Signed) Jay N Shadbolt, M. D.

1/28, 1926 (Address) 1623 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary.	Jan 29 1926

20 UNDERTAKER H. W. Ozarowski ADDRESS 1980 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

E 06322

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06322

162

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Torrella Convey

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1322 Holbrook ST. 9 WARD)

2-FULL NAME Infant of Mary L. & Thomas E. Conroy.

(a) RESIDENCE NO. 1322 Holbrook St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 28 1926

7 AGE Years ..... Months ..... Days ..... If LESS than 1 day, ~~4~~ hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balt (State or country) Md

PARENTS

10 NAME OF FATHER Thomas E. Conroy

11 BIRTHPLACE OF FATHER (city or town) Balt (State or country) Md

12 MAIDEN NAME OF MOTHER Mary L. Russell

13 BIRTHPLACE OF MOTHER (city or town) New York (State or country)

14 Informant Mr. Thomas E. Conroy (Address) 1322 Holbrook St

15 Filed ..... 19 ..... Registrar .....

FEB 2 6 1926 C. HAMPSON JONES, M. D. Registrar

pk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1926, to Jan. 28, 1926, that I last saw her alive on Jan. 28, 1926, and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of the New Born

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical & lab.

(Signed) Isidor S. Levy, M. D.

Jan. 1926 (Address) 2036 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Jan. 28, 1926

20 UNDERTAKER Henry Ford Son — ADDRESS 1341 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06323

CERTIFICATE OF DEATH.

11-E 06323

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 E Eager ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Anna Sinnott

(a) RESIDENCE NO. 1725 E Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. 26 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 1st 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Laurence B. Sinnott

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Anna M. Dayton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Mrs. Anna M. Sinnott

(Address) 1725 E Eager

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 1926 to Jan 27 1926

that I last saw her alive on Jan 27 1926

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) Ted Thunell M. D.

1926 (Address) 700 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Jan. 29 1926

20 UNDERTAKER Henry Hoeck Inc ADDRESS 1301 E Eager

Spec.—1-10-21—M&T—1500 Blks.

E 06324 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06324

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1631 N. Broadway ST., 8-N WARD)

2-FULL NAME Martha J. England

(a) RESIDENCE NO. 1631 N. Broadway ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed or divorced
HUSBAND of
(or) WIFE of Jacob H. England

DATE OF BIRTH (month, day, and year) April 17-1839

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	86	9	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Walter F. McNeal
(Address) 1631 N. Broadway

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1925, to Jan 29, 1926, that I last saw him alive on Jan 27, 1926, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of liver

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Debility due to age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. T. Davis, M. D.

19 (Address) 1509 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	1/28 1926
20 UNDERTAKER W. S. Cook	ADDRESS 1502 E. Pratt St.

Spec.—1-10-21—M&T—1500 Bks.

E 06325

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 06325

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. 711 Hollen Rd ST. 27-1 WARD)

2-FULL NAME Mrs. Jane Steambaugh

(a) RESIDENCE NO. 711 Hollen Rd York Rd ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Steambaugh

7 DATE OF BIRTH (month, day, and year) Feb 9 1880

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
45		4	14	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

PARENTS

9 BIRTHPLACE (city or town) Maryland
(State or country)

10 NAME OF FATHER Alfred Wilson

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown

12 MAIDEN NAME OF MOTHER ?? Kline

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Balto Co

14 Informant John Steambaugh
(Address) 711 Hollen Rd York Rd

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926, to Jan 27, 1926, that I last saw her alive on Jan 27, 1926, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Lethargic Encephalitis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Joseph Taubes, M. D.

, 19 (Address) St Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jan 30 1926

20 UNDERTAKER Woodlawn Co 6 — ADDRESS 502 E North Ave

...—1-12-23—M&T—500 Blks.

E 06326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 06326

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Brentwood Ave St. 10-1 Ward)

2-FULL NAME Jno G Wheeler

(a) RESIDENCE No. 1114 Brentwood Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Augusta E. Wheeler

DATE OF BIRTH (month, day, and year) April 15-1856

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
69	9	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Passenger Rep 01

(b) General nature of industry, business, or establishment in which employed (or employer) P. R. R.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Davis Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Emma J. Walmsley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Augusta E. Wheeler

(Address) 1114 Brentwood Ave

Filed ..., 19 ... KK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1925, to Jan 27, 1926, that I last saw h alive on Jan 26, 1926, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows: Cardiac Decompensation Myocarditis

(duration) ... yrs. mos ... ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) ... yrs. mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Bruns M. D.

1/27, 1926 (Address) 4108 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 1/30 1926

20 UNDERTAKER Chas F. Raus & Son — ADDRESS 1180 Mt Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

06327

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 06327

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq Hospital 14-1

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Burke

(a) RESIDENCE No. Old Mens Home 1400 W Lexington St

(Usual place of abode) ST., ... WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 6, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Havre De Grace

(State or country) Md

PARENTS

10 NAME OF FATHER William Burke

11 BIRTHPLACE OF FATHER (city or town) Ind

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Harlin

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Md

14 Informant L. Blanche Fisher

(Address) 1402 W Lexington St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 27, 1926.

that I last saw h alive on Jan 21, 1926.

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Institution

Did an operation precede death? Yes Date of Jan 17-1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical Lab Findings

(Signed) Mrs Anderson, M. D.

Jan 27, 19 26 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Havre De Grace	Jan 30 1926
20 UNDERTAKER George J Smith	ADDRESS 153 Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 06328

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001
100 E 06328

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Collins ST., 70-1 WARD)

2-FULL NAME Annie E. Carey

(a) RESIDENCE NO. 303 Collins ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 12 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74		13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Daniel Hanley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Quigley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Liam T. Farrigan
(Address) 303 S. Collins Ave

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1926, to Jan 26, 1926,
that I last saw h alive on Jan 25, 19.....,
and that death occurred, on the date stated above, at 3.45 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy.

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) Thos C Blake, M. D.

1-27, 19 26 (Address) 1014 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery — DATE OF BURIAL Jan 29 1926

20 UNDERTAKER H. C. Branning & Son — ADDRESS 517 N Schroeder

Spec.—1-10-21—M&T—1500 Bks.

06329

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06329

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 Scott ST. 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick J O'Rourke

(a) RESIDENCE NO. 130 Scott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C. O'Rourke

DATE OF BIRTH (month, day, and year): unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mary C O'Rourke

(Address) 130 Scott St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25/1926

17 I HEREBY CERTIFY, That I attended deceased from 2/23/1925, to 1/25/26, 19...

that I last saw h... alive on 1/25/26, 19...

and that death occurred, on the date stated above, at 11.25 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension Diabetes Mell.

Cerebral Hemorrhage

Ritual Agony.

(duration) unknown yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Usual

(Signed) Edward J Kern, M. D.

1/26, 1926 (Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 29 1926

20 UNDERTAKER: H. C. Branning & Louis Schroeder — ADDRESS 517

JAN 28 1926 HANSON JOHNS, M.

Spec.—1-10-21—M&T—1500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06330

CERTIFICATE OF DEATH.

100-001

E 06330

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 N Potomac ST., 6-3 WARD)

2-FULL NAME Calvin C. Mohr

(a) RESIDENCE NO. 16 N Potomac ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Mar 1. 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto City (State or country)

PARENTS

10 NAME OF FATHER Thomas J Mohr

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Viola Day

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Thomas Mohr

(Address) 16 N Potomac

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 27, 1926, that I last saw h[illegible] alive on Jan 26, 1926, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J H Cushman, M. D.

Jan 27, 1926 (Address) 3100 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL Jan 30 1926

20 UNDERTAKER Wendell Offel & Son — ADDRESS 373 Linn

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06331 E 06331

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. St., 15-13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Neal

(a) RESIDENCE No. 1730 W. Baltimore St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Jan-22-26

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William H. Neal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mable Jennings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant W. E. Dixon

(Address) Johns Hopkins Hospital.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 26, 1926, that I last saw him alive on Jan 26, 1926, and that death occurred, on the date stated above, at 3:00 A m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. E. Dixon, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johns Hopkins Hospital

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

8 1926 C. HAMPSON JONES, M.D.

ec.—6-9-19—H. P. Co.— 1000 Bks.

E 06332

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06332

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5105 Reisterstown Rd ST. 97-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Wm Slate

(a) RESIDENCE. No. 5105 Reisterstown Rd ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 10 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 7-1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER France Slate

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Haley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

PARENTS

14 Informant Emma B Slate

(Address) 5105 Reisterstown Rd

15 Filed ..., 19 ... Registrar

R.P.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 196

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 28, 1926, that I last saw him alive on Jan 27, 1926, and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows: Measles

followed by Pneumonia - (Bronchial)

Measles — (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. H. Beckley, M. D.

, 19 (Address) 126 W Belvedere Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Thomas's Cem	Jan 29 1926

20 UNDERTAKER Quarton Tetley & Son ADDRESS 1529 North ave

1926 C. HARRISON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

GROSS

HEALTH DEPARTMENT—CITY OF BALTIMORE

06333

90 E 06333

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 N. Stricker ST. 15-13 WARD)

2-FULL NAME Hattie Gross

(a) RESIDENCE NO. 1323 N. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Gross

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) — (State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) — (State or country)

14 Informant John N. Gross (Address) 1323 N. Stricker

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from about 1 month ago 19 , to Jan. 27, 1926.

that I last saw h alive on Jan. 26, 1926,

and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

chronic myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical signs & symptoms

(Signed) J. F. Shemwell, M. D.

, 19 (Address) 2226 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Calvert Co Md.	Jan 29 1926
20 UNDERTAKER	ADDRESS
Virginia S. Brooks	1763 N. Carey

C. HAMPSON JONES, M.D.
1926

Spec.—1-10-21—M&T—1500 Bks.

06334

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06334

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1910 W. Lexington ST. 21-5 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Reisinger

(a) RESIDENCE NO. 1910 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Divorced

a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Divorced~~ ?

6 DATE OF BIRTH (month, day, and year) March 5-1855

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Office Fixtures

(c) Name of employer: Lewis Bros.

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: L. H. Reisinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Mary E. Bacey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant: Mrs. Voyce

(Address): 1910 W. Lexington St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1926, to Jan 27, 1926.

that I last saw him alive on Jan 26, 1926

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute Pericarditis and Edema of Lungs

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter E Tindeman, M.D.

1/28 1926 (Address) 1002 N Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan 30 1926

20 UNDERTAKER: W. C. Pickney & Sons — ADDRESS: North Ave

C. H. EMPSON, Supv. M.D.

1926

Spec.—1-10-21—M&T—1500 Bks.

E 06335

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06335

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1408 (St.) Harlem Ave (Ward) 6-7

REGISTERED NO. 78001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Ewalt

(a) RESIDENCE NO. 1408 (St.) Harlem Ave (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 3 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Josephine Ewalt

DATE OF BIRTH (month, day, and year) Oct. 15, 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Phillip Ewalt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Dr. G. L. Ewalt

(Address) 2945 St Paul St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1925, to Jan. 27, 1926.

that I last saw him alive on Jan. 27, 1926,

and that death occurred, on the date stated above, at 9.55A m.

The CAUSE OF DEATH* was as follows:

Right hemiplegia.

(duration) yrs. 3½ mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? usual

(Signed) G. Lebrode Ewalt M. D.

1/27 1926 (Address) 2945 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: Jan 29 1926

20 UNDERTAKER: Wm J Pickuer Sons

ADDRESS: Norden

06336

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06336

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 212 So. Catherine St. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna R. Stamp

Residence in Baltimore: No. 212 So. Catherine St.; yrs. 70 mos. 5 ds. 19

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 6 (Day) 1856 (Year)

7-AGE 69 8 18 — 70 yrs. 5 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country). Balto. Md

10-NAME OF FATHER, Wm Harkins

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER, Mary Tonal

13-BIRTHPLACE OF MOTHER, (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Stamp.

(Address) 212 So. Catherine

15-

Filed..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 27 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

at once

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Geo. D. Horton M. D.

(Coroner.)

Jan 27 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	Jan 29 1926
20-UNDERTAKER. Robert Brookerson	ADDRESS Cor Calhoun Hollins Sts

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06337 E 06337

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1041 Brantley Ave St.; 16-1 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Stone

(Residence in Baltimore: No. 1041 Brantley Ave St.; 55 yrs., 4 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

DATE OF BIRTH, Sept (Month) 12th (Day), 1870 (Year)

AGE, 55 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

BIRTHPLACE, (State or Country), Baltimore, Md

10-NAME OF FATHER, Geo. Deckelmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Amelia Gottwald

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Stone

(Address) 1041 Brantley Ave

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 26th (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4th 1925, to January 26th 1926, that I saw her alive on January 26th 1926, and that death occurred, on the date stated above, at 5-30 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

.....

.....

..... (Duration) 7 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary).....

..... (Duration) yrs. mos. ds.

(Signed) Jos. P. J. Thompson M. D.

Jan 27th, 1926 (Address) 3219 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Fairmount Cemetery

DATE OF BURIAL Jan 29, 1926

20-UNDERTAKER H. S. Hilgenfeldt

ADDRESS 1850 W Baltimore

C. H. Heuisler, Jones, M. D.

1926

...—1-12-23—M&T—500 Blks.

E 06338

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-E 06338

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. House of Good Shepherd Convent ST., Mount and Hollins St. WARD) 19-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delia Cushing

(a) RESIDENCE NO. Mount and Hollins St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXXXXXXXXX

DATE OF BIRTH (month, day, and year) Oct. 8, 1862

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
	63	3	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamtress 69

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Patrick Cushing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Delia O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant (Address) House of Good Shepherd Mount and Hollins Sts.

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1926, to Jan. 28, 1926, that I last saw her alive on Jan. 27, 1926 and that death occurred, on the date stated above, at 3:00 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) ... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward V. Cavalieri, M. D.

, 19 (Address) 24 4 Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL 1/30 1926

20 UNDERTAKER J. F. Tallon & Sons

ADDRESS 318 E. 4th

(Orestes Pisanpi)

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06339 X 4th E 06339

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH ~~Brother Pisanpi~~ St Joseph Hospital

CITY OF BALTIMORE: (NO. ..... ST., 47 WARD)

2-FULL NAME Brother Pisanpi

(a) RESIDENCE NO. Woodstock Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7 DATE OF BIRTH (month, day, and year) June 22nd 1861

7 AGE 64 Years 7 Months 6 Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bro Leander (Address) .....

15 Filed. ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1926, to Jan 28, 1926, that I last saw him alive on Jan 28, 1926, and that death occurred, on the date stated above, at 11:50 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach.

history.

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Senility & Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 1/2/26.

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) Clement R. Monroe, M. D.

, 19 (Address) St Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodstock College Cem — DATE OF BURIAL Jan 31 1926

20 UNDERTAKER Gaston Sons — ADDRESS Edmondson

B 1926 Roll

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06340

CERTIFICATE OF DEATH.

17 E 06340

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Leadenhall ST. 23-1 WARD)

2-FULL NAME Henry Louis Stumpf

(a) RESIDENCE NO. 1137 Leadenhall ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Stumpf

6 DATE OF BIRTH (month, day, and year): June 27, 1894

7 AGE — Years: 31 — Months: 6 — Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry Stumpf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Louise Weaver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Lillian Stumpf
(Address) 1137 Leadenhall St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1. 25. 1926

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to Jan. 25, 1926,

that I last saw him alive on Jan 25, 1926,

and that death occurred, on the date stated above, at 2.10 P m.

The CAUSE OF DEATH* was as follows:

Chron. Parenchymatous Nephritis, Mycarditis, Generalized Arteriosclerosis.

(duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of .....

Was there an autopsy? no Phys. Exam. Lab. Exam

What test confirmed diagnosis?

(Signed) J. Edward Norris, M. D.

1/26, 1926 (Address) 107 West N

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan. 27 1926

20 UNDERTAKER: Margaret S. Flynn — ADDRESS: 1412 Eutaw St.

C. HAMPSON JONES, M. D.

Spec. 1-10-21 M&T 1500 Blks.

Bezolt

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06341

CERTIFICATE OF DEATH.

90 E 06341

REGISTERED NO.....

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. Little Sisters of the Poor ST. 1042 WARD)

2-FULL NAME Winifred D Bolt

(a) RESIDENCE NO. Preston & Caroline, ST., 10 WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow of

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew

DATE OF BIRTH (month, day, and year) Jan 1. 1846

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	0	26	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Lester Whalen

11 BIRTHPLACE OF FATHER (city or town) ... (State or country)

12 MAIDEN NAME OF MOTHER Mary O'Donnell

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country)

14 Informant Little Sisters of the Poor (Address) Record

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Record, 19 ... to ... 19 ...

that I last saw h[illegible] alive on July 24, 1926,

and that death occurred, on the date stated above, at 1.32 P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

Unknown (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A Warner, M. D.

Jan 29, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Jan 29 1926

20 UNDERTAKER J. C. Mudefield

ADDRESS 914 Greenmount Ave

C. H. EMPSON, Jones, M. D.

1926

RBH

Spec.—1-10-21—M&T—1500 Bks.

E 06342

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06342

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) N. Broadway ST., 11 WARD)

2-FULL NAME Thomas H. Gaither

(a) RESIDENCE NO. 11 E. Chase ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 27-1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	11		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Thos. H. Gaither

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Sophia Mayo

13 BIRTHPLACE OF MOTHER (city or town) Annapolis (State or country) Md.

14 Informant Georgia M. Gaither
(Address) 11 E. Chase St.

15 Filed ..... 19 ..... Registrar

RRF

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1926 to Jan 27, 1926.

that I last saw h alive on Jan. 27, 1926

and that death occurred, on the date stated above, at 4:20 a m.

The CAUSE OF DEATH* was as follows:

Thrombosis of middle cerebral artery

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Jan. 26, 1926

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) H. C. Smith, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns. Cem. Howard Co

DATE OF BURIAL Jan. 29 1926

20 UNDERTAKER Henry W. Jenkins & Sons Co

ADDRESS Richard McCulloh.

Kenney

c.—1-12-23—M&T—500 Bks.

06343

HEALTH DEPARTMENT—CITY OF BALTIMORE E 06343

41-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Norman Ave. ST. 20-1 WARD)

2-FULL NAME Annie E. Kenney

(a) RESIDENCE NO. 415 Norman Ave. ST., WARD 20th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND) of (or) WIFE of Thomas M. Kenney

DATE OF BIRTH (month, day, and year) Jan. 26, 1863

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63		1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, (State or country) Md.

10 NAME OF FATHER James Grimes

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A. McKenna

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

Informant Thomas Kenney

(Address) 415 Norman Ave.

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1926, to Jan. 26, 1926,

that I last saw her alive on Jan. 25, 1926,

and that death occurred, on the date stated above, at 4:00 A.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward V. Revolucion, M. D.

, 19 (Address) 24 W. Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Jan 30 1926

20 UNDERTAKER Henry W. Jenkins Sons ADDRESS McCulloh Orchard

Spec.—1-10-21—M&T—1500 Bks.

E 06344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 06344

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Wilson St & Park Ave ST., 14-2 WARD)

2-FULL NAME MARGARET W. GAULT

(a) RESIDENCE NO. The Plaza, Wilson St & Park Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. 8 mos. 15 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May 18, 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	8	15	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Managing Dentor

(b) General nature of industry, business, or establishment in which employed (or employer) Sand Bank

(c) Name of employer

8 BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Francis T. Wagner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Co. Md.

12 MAIDEN NAME OF MOTHER Martha Ellen Bailey

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Martha W. Lloyd.
(Address) 1200 Madison Ave. New York C.

15 Filed ....., 19 .....
Registrar

RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Jan 28, 1926,
that I last saw h alive on Jan 28, 1926
and that death occurred, on the date stated above, at 12 A. m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroid (7 years duration) degenerated to Carcinoma of Uterus

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Carcinoma (Metastases)

(duration) yrs. 2 mos. 28 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John R. Abercrombie M. D.

Jan 28, 1926 (Address) 3574 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Jan 30 1926
20 UNDERTAKER	ADDRESS
Henry J. Enbeins Sons Co	Orchard & Eutaw Sts

Spec. 1-1021 M&T 1500 Rbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06345

E 06345

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 Callow Ave WARD 13-6)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Plaut

(a) RESIDENCE No. 2437 Callow Ave. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Myer Plaut

DATE OF BIRTH (month, day, and year) Feby. 9, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) New York (State or country) N.Y.

PARENTS

16 NAME OF FATHER Sigmund Schmeelingers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Cohen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Bessie Plaut (Address) 2437 Callow Ave

15 Filed , 19 Registrar

8 1926 C

RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28/ 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 19 , to Jan. 28, 1926, that I last saw h alive on Jan 28, 1926, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis- myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchs. pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Frederick Lentz, M. D.

1-28, 1926 (Address) 2040 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	1/29/1926
20 UNDERTAKER David Sondheim	ADDRESS 115-20 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06346

CERTIFICATE OF DEATH.

101 E 06346

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 W. Lexington ST. 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgianna Powell

(a) RESIDENCE No. 1019 W. Lexington ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edw. Powell

6 DATE OF BIRTH (month, day, and year): Oct 12th 1878

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Thomas Co Virginia

PARENTS

10 NAME OF FATHER: (?)

11 BIRTHPLACE OF FATHER (city or town) (State or country): (?)

12 MAIDEN NAME OF MOTHER: (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ( )

14 Informant: Rosa Wheeler

(Address): 1019 W. Lexington

15 Filed ....., 19.....

1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926, to Jan 26, 1926, that I last saw her alive on Jan 26, 1926, and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Lassoll, M. D.

1/27, 1926 (Address) Bowdoin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Jan 29/26

20 UNDERTAKER: Hamm Easton

ADDRESS 916 Eaton

Spec.—1-10-21—M&T—1500 Bks.

E 06347 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 E 06347

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 843 Harlem Ave. WARD 63)

2-FULL NAME Alexander Smith

(a) RESIDENCE NO. 843 Harlem Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Smith

DATE OF BIRTH (month, day, and year) 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer) Public

(c) Name of employer South Side Good Hope

8 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Harriett Bertony

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Lucy A Grady

(Address) 1046 E. N. Ave.

15 Filed , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18th 1926 to Jan 27th 1926

that I last saw h alive on Jan 25th 1926

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 month

CONTRIBUTORY (Secondary) Pul. T. B.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. E. Ellis, M. D.

(Address) 912 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL Jan 30/26

20 UNDERTAKER Harris Carton

ADDRESS 916 E

1926 C. THOMPSON JONES, M. D.

—1-12-23—M&T—500 Bks.

E 06348 HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E 06348

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 569 Baker ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lizzie Diggs

(a) RESIDENCE NO. 569 Baker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1878

AGE: Years 48; Months; Days; If LESS than 1 day.....hrs. or.....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Bucks Co (State or country) Md

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

Informant Robert Diggs

(Address) 569 Baker St

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 24, 1926, to Jan 26, 1926,

that I last saw h.. alive on Jan 26, 1926

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 569 Baker

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) W. R. Bonkie, M. D.

, 19 (Address) 1618 Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Jan 29/1926

20 UNDERTAKER: Wm Pearson

ADDRESS 916 Pacific

C. HEMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06349 CERTIFICATE OF DEATH. E 06349

REGISTERED NO. 185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C Brown

(a) RESIDENCE NO. 928 W- Baltimore St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: William A. Brown

7 DATE OF BIRTH (month, day, and year): June 5, 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: George W Thorpe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Elizabeth McKeon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Mr. Coale

(Address): 928 W Baltimore St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 26, 1926, that I last saw h[illegible] alive on Jan 26 - 7 25, 1926, and that death occurred, on the date stated above, at 8 a P m.

The CAUSE OF DEATH* was as follows:

Fractured Ribs - Lt. side - injury to Pelvis — Delirium Tremens

2 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

1 day (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death - University Hospital

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) R S Anderson, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem.

DATE OF BURIAL: Jan 29 1926

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

Spec.—1-10-21—M&T—1500 Bks.

06350

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06350

CERTIFICATE OF DEATH.

+ 146

1-PLACE OF DEATH Maryland Genl Hosp. REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Madison & Linden Ave. ST., WARD) W-2

2-FULL NAME Mrs Grace Bosley

(a) RESIDENCE NO. Upper Co. Md. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Walter H. Bosley

7 DATE OF BIRTH (month, day, and year) , 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Co, Md.

PARENTS

10 NAME OF FATHER Harry Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt. Co. Md.

12 MAIDEN NAME OF MOTHER Henrietta Talbott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt. Co.

14 Informant Walter H. Bosley-husband (Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 24 1926, to Jan. 27, 1926, that I last saw h[illegible] alive on Jan. 25, 1926, and that death occurred, on the date stated above, at 2:25 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Infection (Septic)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus - Acute Nephritis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Jan. 25, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. C. Wright, M. D.

, 19 (Address) Maryland Genl Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion, Balto Co — DATE OF BURIAL Jan 31 1926

20 UNDERTAKER Wm. L. Tickner Sons — ADDRESS N. & Pa

ec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06351 — 11-001 — 06351

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: No. Sta.Hosp.,Camp Holabird,Md. ST. 26-9 WARD)

2-FULL NAME David L. Taylor

(a) RESIDENCE. NO. Camp Holabird, Md. ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	-	-	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) --

(c) Name of employer US Government

BIRTHPLACE (city or town) Halafax County
(State or country) Virginia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

4 Informant Soldier's Service Record
(Address)

5 Filed ..... 19 ..... Registrar

9 1926 C. HAMPTON JONES, M. D. KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1926, to Jan. 28, 1926, that I last saw him alive on Janu. 28, 1926, and that death occurred, on the date stated above, at 5:25 a m.

The CAUSE OF DEATH* was as follows:

1. Influenza.

2. Pneumonia, lobar, involving lower lobe, left

(duration) 0 yrs. 0 mos. 9 ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? - -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) O.H.Witherell,Major,M. C., M. D.

, 19 (Address) Camp Holabird, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Danville Va.

DATE OF BURIAL Jan 29 1926

20 UNDERTAKER Sol Livinson & Bros

ADDRESS 1127 E Balto St Baltimore Md

Spec.—1-10-21—M&T—1500 Blks.

E 06352 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06352

CERTIFICATE OF DEATH.

X49

1-PLACE OF DEATH

REGISTERED NO. 2579

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Womans Hospital ST., 14-2 WARD)

2-FULL NAME Kate Crompton Kerr

(a) RESIDENCE NO. 307 Oakley St, Cambridge, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? ——— yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Josiah Leeds Kerr

6 DATE OF BIRTH (month, day, and year) Oct 28, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	0	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Educational work. 6

(b) General nature of industry, business, or establishment in which employed (or employer) Book dealers. 08

(c) Name of employer Silver-Burdett & Co N.Y.

8 BIRTHPLACE (city or town) Rochester, Wis.
(State or country)

PARENTS

10 NAME OF FATHER Charles Jackson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poukeepsie, N.Y.

12 MAIDEN NAME OF MOTHER Mary J. Crompton

13 BIRTHPLACE OF MOTHER (city or town) Millbury
(State or country) Mass.

14 Informant Miss Emma. Jackson. 5
(Address) 230 Washington St. Mississippi.

15 Filed , 19 R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1926, to Jan 28, 1926, that I last saw her alive on Jan 28, 1926, and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Lympho-Sarcoma

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1-14-26

Was there an autopsy? No

What test confirmed diagnosis? Removal of gland

(Signed) Shannon S. Garrett, M. D.

, 19 (Address) Woman Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Cambridge Md. DATE OF BURIAL 1/29, 1926

20 UNDERTAKER Henry W. Spears & Son ADDRESS 805 N. Calvert

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06353 — 174 — E 06353

1-PLACE OF DEATH Gayato & Paca St — 76-2

CITY OF BALTIMORE: (No. Biltmore Hotel ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Spratt

(a) RESIDENCE NO Graceland Park, Baltimore St., Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) July 19 1886

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	6	8	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hot Mill Sup't
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co.

BIRTHPLACE (city or town) (State or country) Pennsylvania

10 NAME OF FATHER Samuel S.Spratt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Coulter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant R.L.Frew
(Address) Dundalk

Filed ....., 192 ....., Registrar

1-29-1926. C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27-26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Alcoholism

Asphyxia (Coal Gas)

(Duration) 1 yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. mos. ds.

(Signed) John F. McDonnell, M. D.
(Coroner)

Jan 27, 192 (Address) 1439 N. Gay St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pittsburgh Pa	Jan 29 1926
20 UNDERTAKER	ADDRESS
John F Denny	715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06354

CERTIFICATE OF DEATH.

101-001

E 06354

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3216 Colgate St. ST. 26-5 WARD)

2-FULL NAME Florence Takas

(a) RESIDENCE NO. 3216 Colgate ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 11 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	8	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Penn

PARENTS

10 NAME OF FATHER James Takas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Constantinople

12 MAIDEN NAME OF MOTHER Pelagia Papoudi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant James Takas
(Address) 3216 Colgate St.

15 Filed ....., 19 ..... R.K., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from January 19, 1926, to January 27, 1926, that I last saw h. alive on January 27, 1926, and that death occurred, on the date stated above, at 8-30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert E. Bastian, M. D.

1-28, 1926 (Address) 3137 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 1/29 1926

20 UNDERTAKER Wellemeier Cook — ADDRESS 502 E. North Ave.

Aug

Spec.—1-10-21—M&T—1500 Blks.

E 06355

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 06355

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Clifton Place ST., 8 W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Nicolaus

(a) RESIDENCE No. 1609 Clifton Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Charles Nicolaus

6 DATE OF BIRTH (month, day, and year) 6/28/1836

7 AGE: Years 89 | Months 7 | Days 27 | If LESS than 1 day, ~~hrs. or~~ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Frankfort (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs. M. Nicolaus (Address) 1609 Clifton Place

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 25, 1926, that I last saw h alive on Jan 25, 1926 and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No, Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Dill Kaufman, M. D.

19 (Address) 1612 E. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County. DATE OF BURIAL 1/28/26

20 UNDERTAKER George J. Kalb & Son ADDRESS 1935 Hoffman

JAN 26 1926 HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

D N Stevens 2870 Hoffman Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06356

CERTIFICATE OF DEATH.

57 V E 06356

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2616 E Oliver ST. 8-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry J Siebert

(a) RESIDENCE NO. 2614 E Oliver ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 24 - 1882

7 AGE: Years 43 | Months 11 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grinder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Metropolitan Crushing Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frederick Siebert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Lillian Schmidt

(Address) 2616 E Oliver St

15 Filed ....., 19.... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 19 26.

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 19 26, to Jan 26 19 26,

that I last saw he alive on Jan 26 19 26,

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Coma.

(duration) ..... yrs. ..... mos. 17 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) ..... yrs. ..... mos. 22 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No Urine Test

What test confirmed diagnosis?

1/28 19 26 (Signed) Thos. Ga. Stevens, M. D.

(Address) 2178 Hoffman Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 1-29 19 26

20 UNDERTAKER Franklin W Seitz — ADDRESS 704 W 33 St

Casserly

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 06357

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001
E 06357

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Ellwood Place ST. 81 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M. Cassely

(a) RESIDENCE. NO. 1913 Ellwood Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or Divorced (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 29 1923

7 AGE 2 Years 2 Months 28 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER John M. Cassely

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Alice B. Schaefer

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant John M. Cassely
(Address) 1913 Ellwood Place

15 Filed . 19 R.F. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from January 17 . 1926 . to January 27 . 1926 .
that I last saw him alive on January 27 . 1926 ,
and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:
1 Broncho-pneumonia

(duration) 1 yrs. 2 mos. 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 dy

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Robinson, M. D.

. 19 (Address) 717 E Rus 45

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 29 1926
20 UNDERTAKER	ADDRESS
E. W. Wedefeld Jr	50 E. 22nd

JAN 29 1926 THOMPSON-LOWE M. D.

or.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06358

CERTIFICATE OF DEATH.

66

E 06358

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

TY OF BALTIMORE: (No.) Homewood Hospital ST., 3931 WARD)

2-FULL NAME Henry J. Slagle Jr

(a) RESIDENCE NO. 706 Hanover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
le	White	married

married, widowed, or divorced
HUSBAND of (or) WIFE of Theaphe Slagle

ATE OF BIRTH (month, day, and year) Nov 6-1877

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38		2	21	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Telone Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) 044
(c) Name of employer

IRTHPLACE (city or town) Balto
(State or country) Md

0 NAME OF FATHER Henry J. Slagle

1 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

2 MAIDEN NAME OF MOTHER Theresa Wagner

3 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

Informant Mrs. Sylvia Slagle
(Address) 706 Hanover St

Filed ..... 192 R.K. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows:
Acute Alcoholism

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Morrison Jr M. D.
(Coroner.)
Jan 27, 1926 (Address) 3632 Pleasant ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 30 1926
20 UNDERTAKER F. A. Krause & Son	ADDRESS 703 Hanover St

Spec—12-23-21—E.B.P.S.—400 Blks.

06359

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001
101 E 06359

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 506 N. Pine St., 173 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie A. Jones

(a) Residence No. 506 N. Pine St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) 11/16/1891

8-AGE. 34
35 yrs. 2 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laundress

(b) General nature of industry, business, or establishment in which employed (or employer). Home

(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country). Fredericksburg Va.

10-NAME OF FATHER. Joshua Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Celia Davis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va.

14-(Informant) Emma Allen

(Address) 506 N. Pine St.

15-Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/27/26

17- I HEREBY CERTIFY, That I attended deceased from 1/22 19 26 to 1/27 19 26

that I last saw her alive on 1/27 19 26

and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Jackson, M. D.

1/28/26 (Address) 508 N. Pine St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Fredericksburg Va. DATE OF BURIAL, Jan 31, 26

20-UNDERTAKER. Geo. C. White ADDRESS 113 S. Eutaw St.

Spec.—1101 M&T—1500 Bks.

8206

HEALTH DEPARTMENT—CITY OF BALTIMORE

06360

CERTIFICATE OF DEATH.

4[illegible] 06360

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lovey Butler

(a) RESIDENCE NO. 1608 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Isidore

DATE OF BIRTH (month, day, and year) 1876

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1926, to Jan 25th, 1926, that I last saw h[illegible] alive on Jan 25th, 1926, and that death occurred, on the date stated above, at 11:30 p m.

The CAUSE OF DEATH* was as follows:

Cancer of uterus 1 year

metastasis melanosis

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) bronchopneumonia,

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Md

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) E. Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys c.o Wynne Md

DATE OF BURIAL Jan 30, 1926

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

Trans ref'd Jan 30/26. 4 20 P M.

Spec.—1-10-21—M&T—1500 Bks.

06361

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 06361

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 N. Bradford ST. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Burton

(a) RESIDENCE NO. 210 N. Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Col.	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1994

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		14		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Bettie L. Fleming

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant George Burton

(Address) 210 N. Bradfort st

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1926, to Jan 27, 1926,

that I last saw h alive on Jan 27, 1926,

and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Broncho. Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Volentine M.D.

19 (Address) 14 E. Read

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery — DATE OF BURIAL Jan 30 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6362

CERTIFICATE OF DEATH.

E 06362

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 13-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence L. Williams

(a) RESIDENCE NO. 2548 Druid Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ———

7 DATE OF BIRTH (month, day, and year) Nov. 12, 1924

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	16	

9 OCCUPATION OF DECEASED ———

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Clarence W Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Fanny Craver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West. Va.

14 Informant Clarence W. Williams

(Address) 2548 Druid Hill Ave

15 Filed . . 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1926, to Jan 28, 1926,

that I last saw him alive on Jan 28, 1926,

and that death occurred, on the date stated above, at 11 05 a. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of . . .

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

1/28, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns Cemetery Ellicott City

DATE OF BURIAL Jan 29 1926.

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St.

Spec.—1-10-21—M&T—1500 Bks.

06363 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06363

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 729 S. Ellwood ave (St.) (Ward) 1-4

2-FULL NAME Richard A. Murphy

(a) RESIDENCE No. 729 S. Ellwood ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX M | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) M

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Murphy

7 DATE OF BIRTH (month, day, and year) July 10 1868

AGE: Years 67 68 | Months 6 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED 086

(a) Trade, profession or particular kind of work Retired asst.

(b) General nature of Industry, business, or establishment in which employed (or employer) Marine Eng.

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Joseph Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ire.

12 MAIDEN NAME OF MOTHER Julia Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ire.

14 Informant Mrs Murphy (Address) 729 South Ellwood ave.

15 Filed ..., 19 ... Registrar HK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/3, 1926, to 1/26, 1926.

that I last saw him alive on 1/26, 1926.

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Throat

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..., M. D.

..., 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral | DATE OF BURIAL 1-30 1926

20 UNDERTAKER John A Moran | ADDRESS 3000 E. B.

Sec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12 9 E 06364

CERTIFICATE OF DEATH.

E 06364

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Leadenhall ST. 23-1 WARD)

2-FULL NAME Lucy Heath

(a) RESIDENCE NO. 910 Leadenhall ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of: Joseph Heath

6 DATE OF BIRTH (month, day, and year): (?)

7 AGE: Years: about 57 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: (?)

11 BIRTHPLACE OF FATHER (city or town) (State or country): (?)

12 MAIDEN NAME OF MOTHER: (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): (?)

14 Informant: Joseph Heath
(Address) 910 Leadenhall

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926, to Jan 27, 1926.

that I last saw her alive on Jan 27, 1926

and that death occurred, on the date stated above, at 3.30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Carcinomatous Nephritis

(duration) ?, yrs. ?, mos. ?, ds.

CONTRIBUTORY (Secondary) General Edema

(duration) ..... yrs. ..... mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. H. Hamill, M. D.

1/28, 1926 (Address) 136 W. Hill St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon — DATE OF BURIAL: Jan 31 1926

20 UNDERTAKER: J. E. Brown & Son — ADDRESS: 108 W. Monroe

Spec.—1-10-21—M&T—1500 Bks.

E 06365

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06365

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 Weber ST. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Forsters

(a) RESIDENCE NO. 132 Weber ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William Forsters.

6 DATE OF BIRTH (month, day, and year) May 14 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Bernard Detens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mich Kuberer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sebastian Forsters (Address) 132 Weber St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1926, to Jan 27, 1926, that I last saw h[illegible] alive on Jan 27, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John A. Schumann, M. D.

(Address) 1337 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross AA 8

DATE OF BURIAL 1-30 1926

20 UNDERTAKER E. A. B. Harle

ADDRESS 1156 W Pratt St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06366

CERTIFICATE OF DEATH.

90 ✓

E 06366

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 219 N. Laberrod Ave St., 63 WARD)

2-FULL NAME Mary E. Lewis

(a) RESIDENCE NO. 219 Laberrod Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: George G. Lewis

6 DATE OF BIRTH (month, day, and year): Sept 14-1859

7 AGE: Years 66 67 | Months 4 | Days 12 | If LESS than 1 day, ...hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Mary E. Hoffman

(Address) 219 N. Laberrod Ave

15 Filed ....., 19 .....

RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1—26 1926

17

I HEREBY CERTIFY, That I attended deceased from 1—15—26, to 1—, 26.

that I last saw h[illegible] alive on , 19 26

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) [illegible] M. D.

1926 (Address) 600 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Jan 28-26

20 UNDERTAKER: Wm C. Miller & Son

ADDRESS: 2334 Jefferson St

ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06367 — 46 E 06367

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

ITY OF BALTIMORE: (NO. St. Agnes Hospital ST., 25 W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rebecca Sumner.

(a) RESIDENCE NO. Millchester, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~M~~ F.

4 COLOR OR RACE: ~~W~~ W.

5 Single, Married, Widowed, or Divorced, (write the word): ~~Married~~ Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 26 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65		3	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Philip Faith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Hages

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. L. J. Coll (Address) Ashy, Md

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1926, to Jan. 29, 1926, that I last saw her alive on Jan. 29, 1926, and that death occurred, on the date stated above, at 5-55 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma ovary C
general carcinomatosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. Hunter, M. D.

1/29, 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Grace E Penn — DATE OF BURIAL Jan 31 1926

20 UNDERTAKER Eastas Sons — ADDRESS Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

E 06368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06368

CERTIFICATE OF DEATH.

15-13 146

REGISTERED NO.

1-PLACE OF DEATH: Johns Hopkins Hospital.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME: Mabel Neal

(a) RESIDENCE NO. 1730 W. Baker St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced: ~~HUSBAND of~~ (or) WIFE of William Neal

7 DATE OF BIRTH (month, day, and year): July 29, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): U. S.

PARENTS

10 NAME OF FATHER: William H. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): U. S.

12 MAIDEN NAME OF MOTHER: Margaret Jennings

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U. S.

14 Informant: W. L. Dixon

(Address) Johns Hopkins Hospital.

15 Filed ....., 19 .. PK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25. 1926. to Jan 27. 1926.

that I last saw her alive on Jan. 27, 1926.

and that death occurred, on the date stated above, at 7 00 a. m.

The CAUSE OF DEATH* was as follows:

Peritonitis, puerperal

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan-26-26

Was there an autopsy? yes

What test confirmed diagnosis? bacteriological

(Signed) W. L. Dixon, M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

UNDERTAKER: Samuel Hornday

DATE OF BURIAL: 1/30/26

ADDRESS: 578 W Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06369

HEALTH DEPARTMENT—CITY OF BALTIMORE

148

E 06369

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St., 12-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary Wiggins

(a) Residence No..... 610 Eisler St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Jeremiah Wiggins

7-DATE OF BIRTH (month, day and year) May 4, 1895

8-AGE. 30 yrs. 8 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles Spence

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Snowhill md

12-MAIDEN NAME OF MOTHER, Mary Harmon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Snowhill Md.

14-

(Informant)..... Frank Spence

(Address)..... 113 Winter St

15-

Filed..... 192.....

Registrar. KK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 27, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 22nd, 1926 to Jan 27, 1926, that I last saw h.er alive on Jan 27, 1926 and that death occurred, on the date stated above, at 7.20 A.m.

The CAUSE OF DEATH* was as follows:

Eclampsia, post partum

(Duration)..... yrs..... mos. 6 ds.

CONTRIBUTORY..... (Secondary)

(Duration)..... yrs..... mos..... ds.

18-Where was disease contracted if not at place of death? 610 Eisler St.

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

Jan 27, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cem

DATE OF BURIAL, 1926

20-UNDERTAKER. Samuel McCausley

ADDRESS 1918 Bank St

Spec.—1-10-21—M&T—1500 Bks. 6370 6370

E 06370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18-2 11-001

E 06370

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Vine ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Williams

(a) RESIDENCE No. 1006 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlie Williams

6 DATE OF BIRTH (month, day, and year) - - 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER John Gough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eng

12 MAIDEN NAME OF MOTHER Julia Georgius

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ellen Lee

(Address) 1006 Vine St

15 Filed ..., 19 ... Registrar KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 24, 1926, to Jany 27, 1926, that I last saw her alive on Jany 26, 1926, and that death occurred, on the date stated above, at 12:45 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ... yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ... yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. S. Howell M. D.

1/28, 1926 (Address) 1171 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 30 Jan 29 1926

20 UNDERTAKER Mrs Jas H. Dennis

ADDRESS 1303 Presstman

6371

E 06371

HEALTH DEPARTMENT—CITY OF BALTIMORE

6371

E 06371

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1514 Presstman St. 15-13 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie Cole

(Residence in Baltimore: No. 1514 Presstman St St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1879 (Year)

7-AGE, 47 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country) Centerville Md

PARENTS.

10-NAME OF FATHER, Peter Tyler

11-BIRTHPLACE OF FATHER, (State or Country), Va

12-MAIDEN NAME OF MOTHER, Elizebeth Ross

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Beatrice Cole

(Address) 1309 Presstman St

15-

Filed ..... 19?

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 26 ....., 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of leg
(Street car accident)

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Coronary embolus

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Jan. 27, 1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Jan. 29. 1926
20-UNDERTAKER, Mrs Jas. H. Dennis	ADDRESS 1303 Presstman St

RK

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06372

CERTIFICATE OF DEATH.

X 57 E 06372

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 N. Fulton Ave ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse L. Bird

(a) RESIDENCE NO. 911 Arlington Ave ST., WARD Augusta

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Bird

6 DATE OF BIRTH (month, day, and year) unknown 1856

7 AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Robert Bird

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Florence Jackson

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Henrietta Bird (Address) 911 N. Arlington Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan-22, 1926, to Jan-27, 1926.

that I last saw him alive on Jan 27 1926 and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) Unknown ds.

CONTRIBUTORY (Secondary) Gangrene of foot (duration) ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

Jan 29 1926 (Address) 203 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Jan 29 1926

20 UNDERTAKER Saml. H. Evans Son

ADDRESS 1433 W. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 06373

HEALTH DEPARTMENT—CITY OF BALTIMORE

164 E 06373

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 Hollins ST., 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Kelley

(a) RESIDENCE NO. 845 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William Kelley

6 DATE OF BIRTH (month, day, and year) July 11,1827

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
98	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Daniel Smith

11 BIRTHPLACE OF FATHER (city or town) Anne Arundel Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Ann Kelley

13 BIRTHPLACE OF MOTHER (city or town) Anne Arundel Co.
(State or country) Maryland

14 Informant Mr. Wm. M. Warfield
(Address) 845 Hollins Street

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1926, to Jan 29, 1926, that I last saw h alive on Jan. 15, 1926, and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) 2 yrs. moa. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical ex

(Signed) J M Lumpkin, M. D.

1-28 26, 19 (Address) 826 N. Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Jan. 30, 1926

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 W. Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06374 12 9 E 06374

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 W. Baltimore St. ST., 4-1 WARD)

2-FULL NAME Minna Volkmar

(a) RESIDENCE NO. 711 W. Baltimore St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 1, 1863

7 AGE — Years: 62 — Months: 5 — Days: 26 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): Dry goods and notions

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER David Volkmar

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Else Steuth

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant (Address) Mrs. Cecelia Geiger 711 W. Baltimore Street

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to Jan 27, 1926.

that I last saw h[illegible] alive on Jan 27, 1926,

and that death occurred, on the date stated above, at 2.45 A. m.

The CAUSE OF DEATH* was as follows: Mitral & Aortic regurgitation - Dilatation of heart - Pneumonia - Chypostatic - Nephritis - Anemic

Acute condit = 2 weeks (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) - Nephritis - Pneumonia 9-10 years (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John C. Klemmeter, M. D.

1-27-26 (Address) 739 University Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: Jan. 30" 1926

20 UNDERTAKER: Joseph B. Cook

ADDRESS 1009 N. Bals St

1-29-1926 P.K.

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06375

CERTIFICATE OF DEATH.

11-001 E 06375

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Walnut av ST. 27-11 WARD)

2-FULL NAME Margaret Elizabeth Bruff.

(a) RESIDENCE NO. 305 Walnut av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

6 If married, widowed, or divorced HUSBAND of or) WIFE of ✓

DATE OF BIRTH (month, day, and year) Jan 15 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			13	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER James B Bruff

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Sparkline

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Mrs James Bruff
(Address) 305 Walnut ave Hamilton

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 28, 1926, that I last saw her alive on Jan 27, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Influenza + Bronchopneumonia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Influenza.
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas Bruick, M. D.

, 19 (Address) 4 Tarrascon Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 30 1926
20 UNDERTAKER	ADDRESS
J Henry Lutz	1203 N Broadway

KK.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06376

CERTIFICATE OF DEATH.

493 E 06376

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.) (WARD)

2-FULL NAME Mr. Harry Stouffer

(a) RESIDENCE NO. 126 E Franklin St. ST. Hagerstown, Md. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Stella Keller

6 DATE OF BIRTH (month, day, and year) Feb 4th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Store

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) Hagerstown
(State or country) Md

PARENTS

10 NAME OF FATHER Wm C. Stouffer

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md

12 MAIDEN NAME OF MOTHER Marie Miller

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

14 Informant Hosp. Record
(Address)

15 Filed ....., 19 .....

.....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1926, to Jan 28, 1926, that I last saw him alive on Jan 28, 1926 and that death occurred, on the date stated above, at 12 midnight

The CAUSE OF DEATH* was as follows:

Progressive Bulbar paralysis

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Hubert L. Porterfield, M. D.

1/28. 1926 (Address) Church Home & Infy.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Rose Hill Cem Hagerstown Md

DATE OF BURIAL Jan 31 1926

20 UNDERTAKER Henry H. Jenkins & Sons Co

ADDRESS McCulloh & Richard St.

FEB 2 1926 C. HAMPSON JONES, M. D.
Per .....

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06377

CERTIFICATE OF DEATH.

179 E 06377

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 10-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Jane Miller

(a) RESIDENCE NO. 911 Sterling St St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) March 1921

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of indnstry, business, or establishmeut in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or towu)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Robert Miller

11 BIRTHPLACE OF FATHER (city or towu)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Eva Ransel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Mrs. Robt A. Elliott

(Address) 1725 Ashland Ave

15 Filed_____, 19_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis-probably due to accidental burns of two weeks previous. (Autopsy at Hopkins) (over)

(durutiou) yrs. mos. ds.

CONTRIBUTORY (Secondary) History of Chr. lead poisoning 18 mons ago

(duration) yrs. mos. ds.

(Signed) J. Bell Taller M. D.

(Coroner)

1/29/26 (Address) 508 E. North Ave

*Stute the Disease Causing Death, or in deuths from Violent Causes, state (1) Means and Nature of Injury, und (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where wus disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial Jan 29 1926

20 UNDERTAKER Mrs Ida Snowden ADDRESS 170 Madison

Spec.—1-10-21—M&T—1500 Bks.

E 06378 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06378

45

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian R. Born

(a) RESIDENCE NO. 1121 Madison Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) Sept. 29, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York City
(State or country) New York

PARENTS

10 NAME OF FATHER Jos. William Neuberth

11 BIRTHPLACE OF FATHER (city or town) New York
(State or country)

12 MAIDEN NAME OF MOTHER Jennie Schetelig

13 BIRTHPLACE OF MOTHER (city or town) Norway
(State or country)

14 Informant Mrs. Jennie Neuberth
(Address) 31 W. 88th. St. New York

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4th, 1925, to Jan. 25th, 1926, that I last saw h[er] alive on Jan. 25th, 1926, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Colon

Alcoholic Intoxication

(duration) - yrs. - mos - ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis? X ray - Blood Culture.

(Signed) W. E. Lemmon, M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/30 19 26

20 UNDERTAKER Henry C. Spears and Son

ADDRESS 1015 N. Calvert

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06379

CERTIFICATE OF DEATH.

REGISTERED NO. 101-001 E 06379

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 Druid Hill Ave ST. 13-5 WARD)

2-FULL NAME Annie L. Crosby.

(a) RESIDENCE NO. 2429 Druid Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED 070

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) St Vincent

(State or country) W. Ind Island

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Marie E. Bennett

(Address) 2429 Druid Hill Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-14, 1926, to 1-28, 1926, that I last saw h[e] alive on 1-27, 1926, and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. L. Hughes, M. D.

, 19 (Address) 525 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL 1-29 1926

20 UNDERTAKER Mrs George H. Holland — ADDRESS 631 Druid Hill Ave

JAN 29 1926 C. HAMPSON JONES

Spec.—1-10-21 M&T 1500 Blks.

E 06380 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06380

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 616 George St. 17-V WARD)

2-FULL NAME George Ryan

(a) RESIDENCE NO. 616 George ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Blk

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) 9/26/81

7 AGE — Years: 44 — Months: 4 — Days: 1 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer): Gas Utility

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John W. Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Henrietta Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Ida Brown (Address) 616 George St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 24, 1926, to Jany 27, 1926.

that I last saw him alive on Jany 24, 1926.

and that death occurred, on the date stated above, at 5-15 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Coma

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustav Goldman, M. D.

, 19 (Address) 656 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Gen Cem Co

DATE OF BURIAL: 1-30 1926

20 UNDERTAKER: Thos George H. Holland

ADDRESS: 1631 Druid Hill Ave

JAN 29 1926 C. HAMPSON JONES

Spec.—8-24-14—M. & T.—2000 Bks.

E 06381 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06381

CERTIFICATE OF DEATH.

75-007

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 N Calhoun ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E Wilson

(Residence in Baltimore: No. 301 N Calhoun St.: 38 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~STATE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Feb 16, 1856 (Month) (Day) (Year)

7-AGE, 70 yrs. 11 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife (b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Cockeysville Md

PARENTS.

10-NAME OF FATHER, Laurence Dawson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Keys

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche Fisher

(Address) 1400 W Lexington

15-

~~JAN 2 9 1926~~ HAMPSON JONES, M.

Filed ....., 191.... Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1921 191.., to Jan 26 1926, that I saw h~~er~~ alive on Jan 26 1926, and that death occurred, on the date stated above, at 7 30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

following Hemiplegia

(Duration) yrs. mos. ds.

CONTRIBUTORY Hemiplegia (Secondary)

(Duration) 4 yrs. mos. ds.

(Signed) Marshall F. Smith M. D.

1-28.., 1926 (Address) 118 N Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rockville Md

DATE OF BURIAL, Jan 29, 1926

20-UNDERTAKER George F Smith

ADDRESS 132 Holliday St

Wauson.

Spec.—1-10-21—M&T—1500 Blks.

E. 06382

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 06382

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 23rd & Guilford 1929

CITY OF BALTIMORE: (No. Home for Insane Ward) ST., WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Wauson

(a) RESIDENCE NO. 4392 Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Wauson

6 DATE OF BIRTH (month, day, and year): May 8, 1839

7 AGE: Years 87 Months 8 Days 20 (86 / 78) If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Robert Sheldrake

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: John Wauson

(Address): 513 Ashland Ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1925 to Jan 28, 1926

that I last saw her alive on Jan 28, 1926

and that death occurred, on the date stated above, at 11.45 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Interstitial Nephritis (duration) not known yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage, Hemiplegia (duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory means

(Signed) Wm. Bishop M. D.

1/28, 1926 Address Baltimore - Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Md

DATE OF BURIAL: Jan 29, 1926

20 UNDERTAKER: Wm Cook - 501 E. Fayette

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 06383 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06383

101-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 453 Augusta Ave. ST. 20-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad Wolf.

(a) RESIDENCE NO. 453 Augusta Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Wolf.

6 DATE OF BIRTH (month, day, and year) May 5--1835

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. Ret'd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Henry Wolf.

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Catherine Lentz

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Chas. Wolf. (Address) 453 Augusta

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28 1926

17 I HEREBY CERTIFY, That I attended deceased from January 20, 1926, to January 28, 1926, that I last saw him alive on January 27, 1926, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Senile Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Signs

(Signed) Henry Stahn, M. D.

1/29 1926 (Address) 225 N Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem

DATE OF BURIAL 1/30 1926

20 UNDERTAKER J. Fred McCully

ADDRESS 130 E Fay

Cor.—1-12-28—M&T—100 Blks.

E 06384 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06384

CERTIFICATE OF DEATH.

22-2 167 001

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 822 Light St. (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret G. Vane.

(a) RESIDENCE NO. 822 Light St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married

If married, ~~widowed, or divorced~~
(or) WIFE of William C. Vane.

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	----	----	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Patrick Wallace.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland.

12 MAIDEN NAME OF MOTHER Mary ----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

PARENTS

4 Informant William C. Vance. (husband)
(Address) 1016 Riverside Ave.

5 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.
Suicide.
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

Otto M. Reinhardt, M. D.
(Coroner.)
Jany 28, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL 1/30 1926

20 UNDERTAKER J. Fenw McCully ADDRESS 130 E. Fort

NOV 9 1926 HAMPSON JONES, M.D.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06385 — 100-001 — E 06385

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1703 - Bradford St., 18-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent T. Albers.

(a) Residence No. 1703 - Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Sing

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 10/2/1923

7-AGE. 2 yrs. 3 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: child
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER James Albers

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Collison

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md

14- (Informant) James Albers
(Address) 1702 Bradford

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-26-26

17- I HEREBY CERTIFY, That I attended deceased from 1-25 1926 to 1-26 1926.

that I last saw h alive on 1-26 1926.

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Albert Miller M. D.

1/28, 1926 (Address) 1500 Bdway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
New Cath. Cem.	1/29/26

20-UNDERTAKER	ADDRESS
Geo. J. Puth	1735 Hanford

Spec.—12-23-21—E.H.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06386 E 06386

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 508 St Marys St., 17-2 Ward) Registered No. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Kate Johnson

(a) Residence No. 508 St Marys St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. C

5-Single, Married, Widowed, Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm E Johnson

6-DATE OF BIRTH (month, day and year) 1875 Unknown

7-AGE. 51

50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Charlottesville Va

PARENTS.

10-NAME OF FATHER, Reuben Alor

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Catherine Norwood

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Mrs E Johnson (Address) 508 St Marys St

15- Filed 192 Registrar.

ROSCO HAMPSON-JONES

Per RFH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-27-26

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1925 to Jan 27 1926 that I last saw h[illegible] alive on Jan 26 1926 and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Urinary

(Signed) J Conner Lee M. D.

1-28 1926 (Address) 1126 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Ashbury Cemetery

DATE OF BURIAL. Jan 30 1926

20-UNDERTAKER. Mrs. P. A. Elliott

ADDRESS 1725 Ashland Ave

Spec.—8-24-14—M. & T.—2000 Blks.

E 06387

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 06387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C 28-1

CITY OF BALTIMORE: (No. Elloralo ave. near Oakford St. and WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Sophia Henkel,

(Residence in Baltimore: No. Elloralo ave. near Oakford ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: August 13th, 1877.
(Month) (Day) (Year)

7-AGE: 48 yrs. 5 mos. 14 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Fisher,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Lucinla Binler,

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick C. Henkel

(Address) Elloralo ave. near Oakford ave.

15-

Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27th, 1926. 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 12, 1926, to January 27, 1926, that I saw her alive on January 27th, 1926, and that death occurred, on the date stated above, at 11p. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous nephritis at
Cholecystitis.

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kempf M. D.

Jan. 28, 1926. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Jany. 30, 1926

20-UNDERTAKER Harry C. Annacost

ADDRESS 4204 Ridgewood Ave

Spec.—1-10-21—M&T—1500 Bks.

E 06388

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06388

37

CERTIFICATE OF DEATH.

5-1

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 139 Colvin ST. ..... WARD)

2-FULL NAME Clarence V. Gibson

(a) RESIDENCE NO. 139 Colvin ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Cole	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) Oct 28-1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer, odd

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry Gibson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Viola Gibson

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Viola Gibson
(Address) 139 Colvin

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 27, 1926

that I last saw h[illegible]ive on Jan 27, 1926

and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed d[illegible]? Regular

(Signed) Jan 28th F. C. Konk, M. D.

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL 1/31 1926

20 UNDERTAKER Byron & Wright

ADDRESS 1218 N. Eldgerry St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E [redacted]
E 06389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E [redacted]
47 E 06389

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Reisterstown Rd near Clarks Lane ST. 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Dlomon.

(a) RESIDENCE. NO. Reisterstown Rd at Clarks LANE WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Slomon

6 DATE OF BIRTH (month, day, and year): Not known

AGE: 87 Years

Months

Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: John Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Mary Brackenbridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant (Address): Frank Clark Owings Mills Md

15 Filed . . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1926, to —, 19..., that I last saw her alive on Jan 28, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast. Disease generalized & caused death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. H. Buckley, M. D.

. 19 (Address) 126 W Belvidere Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Pleasant Cemetery Balto Co Md	Jan 3 1926
20 UNDERTAKER	ADDRESS
J. F. Ebert & Son	Reisterstown Md

CHAMPSON JONES M.D. JAN 29 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06390 E 06390

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Carroll ST. 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Audrey Catherine Adams

(a) RESIDENCE NO. 721 Carroll ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 20 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md (State or country)

PARENTS

10 NAME OF FATHER Arthur Adams

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Reba Frampton

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Arthur Adams (Address) 721 Carroll Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1926, to Jan 29, 1926, that I last saw h alive on Jan 29, 1926, and that death occurred, on the date stated above, at 9.15 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of none

Was there an autopsy? No

What test confirmed diagnosis? Stethoscope

(Signed) Emma J Tally, M. D.

1/29 1926 (Address) 4 Somerset Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL Jan 30 26

20 UNDERTAKER Chenoweth & Son — ADDRESS 3617 Chestnut Ave

Spec. 1-10-21 M&T 1500 Bks.

E.06391

HEALTH DEPARTMENT—CITY OF BALTIMORE

E.06391

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 E. Monument ST., 7-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Avarilla Robb

(a) RESIDENCE No. 2931 E. Monument ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Dec 29-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Levi Robb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emeline Everett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Benj. F. Wales

(Address) 2931 E. Monument st.

15 Filed ....., 19 ..... Registrar

R.P.U.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1925, to Jan 28, 1926.

that I last saw h[illegible] alive on Jan 27, 1926

and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) old age.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. H. Meyer Jr. M. D.

1/28 1926 (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Jan. 30 1926
20 UNDERTAKER	ADDRESS
Wm. E. Black	927 N. Broadway

Spec.—I-10-21—M&T—1500 Bks.

E.06392 HEALTH DEPARTMENT—CITY OF BALTIMORE E.06392

CERTIFICATE OF DEATH. 100-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 Wilson St - ST. 14-2 WARD)

2-FULL NAME Mary Jane Haslup.

(a) RESIDENCE NO. 738 Wilson St - ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 | yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Haslup

6 DATE OF BIRTH (month, day, and year) July 2 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	81	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Alexandria Va

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Milton E Haslup (Address) 1600 Park Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1926, to Jan 27, 1926, that I last saw her alive on Jan 27, 1926, and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? N Date of .....

Was there an autopsy? N .....

What test confirmed diagnosis? ....

(Signed) Albert L. Mitchell M. D.

Jan 29 1926 (Address) 711 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Jan 30 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

JAN 29 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E.06393 HEALTH DEPARTMENT—CITY OF BALTIMORE E.06393

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary. 706

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Sophie Creamer

(a) RESIDENCE NO. 536 S. 12th ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) Wife of~~ Edmond Wesley Creamer

6 DATE OF BIRTH (month, day, and year) April 1, 1904

7 AGE 21 Years 9 Months 28 Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City

PARENTS

10 NAME OF FATHER Alexander Just

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant William L. Millea
(Address) 1020 N. Calvert St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1926

17 I HEREBY CERTIFY, That I attended deceased from January 9, 1926, to Jan. 29, 1926, that I last saw her alive on Jan. 29, 1926, and that death occurred, on the date stated above, at 10 55 A m.

The CAUSE OF DEATH* was as follows:

Pyelo-nephrosis

(duration) ..... yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia (Org)

(duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At 536 S. 12th St. Balto. Md.

Did an operation precede death? No Date of

Was there an autopsy? Partial

What test confirmed diagnosis?

(Signed) William L. Millea M. D.

, 19 (Address) 1020 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem | DATE OF BURIAL Feb 1 1926

20 UNDERTAKER Wendell Oppel & Son | ADDRESS 878 N

FEB 1 1926 C. HAWSON JONES REG.

Per

12 P.M.

Cor.—1-12-23—M&T—100 Blks.

E.06394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E.06394

CERTIFICATE OF DEATH.

188

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 411 S. Central av ST. 3-1 WARD)

2-FULL NAME Domico Milano

(a) RESIDENCE No. 411 S. Central ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Milano

DATE OF BIRTH (month, day, and year) Dec 5. 1869

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
(56)	56	1	21	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Alonzo Milano

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Elizabeth Milano
(Address) 411 S Central av

Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:
Broncho Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Was Injured by Auto & Mass of Accident (duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton, M. D.
(Coroner.)
Jan 29, 1926 (Address) 2001 Chas (Ave)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Jan 30 1926
20 UNDERTAKER Kendall D Ogel & Son	ADDRESS 973 Park

JAN 29 1926

ROH

Cor.—1-12-28—M&T—100 Blks.

E.06395 — HEALTH DEPARTMENT—CITY OF BALTIMORE — E.06395

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. St Josephs Hospital ST. 5-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antony Ordakowski

(a) RESIDENCE NO. 624 S. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) April 20 1874

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9/10	8	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) 61
(c) Name of employer Crown Cork & Seal

10 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

11 NAME OF FATHER unknown

12 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

13 MAIDEN NAME OF MOTHER unknown

14 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

15 Informant Anna Ordakowska
(Address) 526 S Bond

16 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Ds death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertentional Cirlosis heart (duration) yrs. mos. ds.

(Signed) James M Fenton, M. D. (Coroner.)

Jan 29, 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Vernon Cem — DATE OF BURIAL Jan 30 1926

20 UNDERTAKER Mendell Diffel & Son — ADDRESS 375 N

Cor.—12-9-25—A Co.—200 Bks.

(See Letter attached)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E.06396

E.06396

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 932 Montepelier St., 43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie C. Kern

(a) RESIDENCE NO. 932 Montepelier St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August Kern

6 DATE OF BIRTH (month, day, and year) Dec 7-1890 ~~Oct 15/1885~~

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35 ~~36~~	1 3	20 ~~22~~	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Edward Kern

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Welsh

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant August Kern

(Address) 932 Montpelier St.

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan27/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pulmonary ~~Oedema~~

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Calvin, M. D. (Coroner)

1/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem Date of Burial 1/30 1926

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

J. S. H. POTTER, M. D.
508 NORTH AVENUE, EAST
BALTIMORE, MARYLAND

F 06396

FEB 3 - 1926

Commissioner Of Health,

Please correct date of birth ofAnnie C. Kern, nee Welsh, who died on Jan., 27/26. Correct date of birth according to birth certificate ,attached is Dec 7,1890 and notOct 15/1885.

Respectfully,

J. S. H. Potter M. D.

Coroner N.E.Dist

Feb 2/26

Spec.—1-10-21 M&T 1500 Bks.

E.06397 HEALTH DEPARTMENT—CITY OF BALTIMORE E.06397

100-009

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Battery Ave ST. 24 WARD) 242

2-FULL NAME Mary O'Rourke

(a) RESIDENCE NO. 1513 Battery Ave ST., 24 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Michael O'Rourke

6 DATE OF BIRTH (month, day, and year) ------1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
65	67	----	-----	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Hawks

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ireland

14 Informant Thomas P O'Rourke
(Address) 1513 Battery Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1. 27. 1926

17 I HEREBY CERTIFY, That I attended deceased from 1. 20. 26, 19..... to 1. 27. 26, 19.....

that I last saw her alive on 1. 27. 26, 19.....

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation
Acute Bronchitis.

(duration) ..... yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) ..... yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Edward Norris, M. D.

, 19 (Address) 107 East west St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/30/26 19

20 UNDERTAKER [illegible]

ADDRESS 1318 Light

1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

E.06398 HEALTH DEPARTMENT—CITY OF BALTIMORE E.06398

CERTIFICATE OF DEATH.

REGISTERED NO. 15-4-57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2810 Chelsea Terrace (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida M. Chapline

(a) RESIDENCE NO. 2810 Chelsea Terrace. ST., WARD Wash. D. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. I mos. I4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Wm. A. Chapline

6 DATE OF BIRTH (month, day, and year) Aug. 31. 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	66	4	26 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER Henry Cookus

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Tillman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Mrs. Wm. J. Coleman
(Address) 2810 Chelsea Terrace.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1925, to Jan 27, 1926.

that I last saw her alive on Jan 26, 1926,

and that death occurred, on the date stated above, at 109 m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Blood

(Signed) Walter Nisbett, M. D.

Jan 29 1926 (Address) 2220 Garrison Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shepherdstown W. Va. DATE OF BURIAL Jan 31 1926

20 UNDERTAKER Harry A. Witz & Co ADDRESS 531 W Lombard

ROW

Spec.—1-10-21—M&T—1500 Bks.

E.06399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E.06399

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1500 Wilkens Ave. ST. 19-2 WARD)

2-FULL NAME John Albert Meyers

(a) RESIDENCE NO. 1500 Wilkens Ave. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sadie Meyers (nee Wilson)

6 DATE OF BIRTH (month, day, and year) Mar 29. 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restuarantuer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Meyers.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Bush

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant Mrs. Sadie Meyers.
(Address) 1500 Wilkens Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1925 to Jan 28, 1926.

that I last saw h[illegible]live on Jan 27, 1926,

and that death occurred, on the date stated above, at 7.25 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Abscess

(duration) yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) yrs. 5 mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) J. L. Kalzenberg M. D.

1/29. 1926 (Address) 1729 N Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery DATE OF BURIAL Feb 1 1926

20 UNDERTAKER Harry A. Witzke ADDRESS 1531 W. Lanvale

C. HAMPSON JONES, M. D.

Cor.—1-12-26—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06400

101 E 06400

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST., 5-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosetta Jobes.(C)

(a) RESIDENCE NO. 303 Forrest St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Colored	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 14, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	1	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Richard Jobes.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Md.

12 MAIDEN NAME OF MOTHER Elsie McCoy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wilmington, N.C.

14 Informant Elsie Jobes.(C) mother.
(Address) 109 W. Hughes St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Reinhardt, M. D. (Coroner.)

Jany 29, 1926. (Address) 1017 E. Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn DATE OF BURIAL 1-30 1926

20 UNDERTAKER John H. Trader ADDRESS 1027 Druid Hill Ave

8 0 1926 C. HUMPSON JONES, M. D.

Spec.—6-9-19—H. P. Co.—1000 Bks.

(Robinson)

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 06401

06401

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Penn. Ave ST.: 17-1 WARD)

2-FULL NAME Emma L. Robinson

(a) RESIDENCE. NO. 1212 Penn Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caleb Robinson

6 DATE OF BIRTH (month, day, and year) June 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Balto. City

PARENTS

10 NAME OF FATHER John T. S. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Isabella Furnace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Caleb Robinson
(Address) 1212 Penn ave

15 Filed ..... 19 ..... Registrar

R.O.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to Jan 28, 1926, that I last saw h-- alive on Jan 27, 1926, and that death occurred, on the date stated above, at 8.35 P. m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Do Chronic

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? x 0

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles A Howes, M. D.

Jan 29 1926 (Address) 712 S Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	1-31- 1926
20 UNDERTAKER John N. Toadvine	ADDRESS 1027 Hanover Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06402

101-E 06402

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 Prestman ST.: 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marian D. Norman.

(a) RESIDENCE. No. 535 Prestman ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 6 [redacted] mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Marri[redacted]

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fletcher Norman

6 DATE OF BIRTH (month, day, and year) 11-12-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer No employer

9 BIRTHPLACE (city or town) East Co.
(State or country) Virginia

PARENTS

10 NAME OF FATHER William Holmes

11 BIRTHPLACE OF FATHER (city or town) East Co.
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary L. Taylor

13 BIRTHPLACE OF MOTHER (city or town) [illegible]
(State or country) Va Virginia

14 Informant Lucie B. Washington
(Address) 1423 Pennsylvania Ave

15 Filed ....., 19 ..... Registrar

0 1926 C. HAMPSON JONES, M. D.

ROH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926

17 I HEREBY CERTIFY, That I attended deceased from January 22 1926, to January 26 1926, that I last saw h[redacted] alive on January 26, 1926, and that death occurred, on the date stated above, at 11-25 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. Bunnell Fauge, M. D.

19 (Address) 2437 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Milford, Caroline Co. Va	1-30 1926
20 UNDERTAKER	ADDRESS
John W. Toadvine	1027 Hanover St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06403

106-201

E 06403

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Brown

(a) RESIDENCE NO. 700 Harford Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): June / 1923

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto, Md

PARENTS

10 NAME OF FATHER: Edward Brown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): S.C.

12 MAIDEN NAME OF MOTHER: Stella Chase

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Pa.

14 Informant: Albert Brown (Bro)

(Address): 700 Harford Ave

15 Filed_____ 19_____ Registrar

1926

RRL

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Autopsy at Hopkins)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. M. Vale, M. D.

(Coroner)

1/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery — Date of Burial: Jan 30 1926

20 UNDERTAKER: Edward Bryon — ADDRESS 1691 orleans st

Spec.—1-10-21—M&T—1500 Blks.

E 06404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06404

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. ..... WARD) 41

2-FULL NAME Conrad Hines

(a) RESIDENCE NO. Ellicott City Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month) Unknown 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Hosp. Records
(Address)

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month) Jan. (day) 30 1926

17 I HEREBY CERTIFY, That I attended deceased from December 8, 1925, to Jan. 30, 1926,
that I last saw him alive on Jan 30, 1926,
and that death occurred, on the date stated above, at 3:15 a m.

The CAUSE OF DEATH* was as follows:

Acute retention; Hypertrophy Prostate (Benign)

two weeks (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia, acute nephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 12/26/25

Was there an autopsy? No

What test confirmed diagnosis? Physicians; Ejection.

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Oct. 2 1926

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

OVER

Spec. 1-10-21 MAT 1500 Blks.

E 06405

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06405

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 Scott St. 183 ST., 8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily Victoria Jones

(a) RESIDENCE No. 104 Scott St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard

6 DATE OF BIRTH (month, day, and year) Nov. 9th, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) 0.7

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) S.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Chas. Ruff. (Address) 104 Scott St-W

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/25, 1926, to 1/28, 1926,

that I last saw her alive on 1/28/26, 19...,

and that death occurred, on the date stated above, at 1.15 P.M.

The CAUSE OF DEATH* was as follows:

Paul Klotho

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) Thirty yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms & Physical Signs

(Signed) Bernard J Terry, M. D.

1926 (Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Jan 30 1926

20 UNDERTAKER Wm Corbin-5 Th Balto. — ADDRESS

C. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06406 — 129 E 06406

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 27-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Roberta Jennyson

(a) RESIDENCE NO. 213 Oakmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H Jennyson

6 DATE OF BIRTH (month, day, and year): Mar 29. 1876

7 AGE — Years: 49 — Months: 10 — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Clarence C Herbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Catherine Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: William H Jennyson

(Address): 4920 Park Heights Ave.

15 Filed , 19 RRA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 26. 1926. to Jan 29. 1926.

that I last saw h alive on Jan 29. 1926.

and that death occurred, on the date stated above, at 6 15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypertension

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. F. Bongard, M. D.

, 19 (Address) 1709 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Woodlawn Bcdr

DATE OF BURIAL: 1/31 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 802 E Nadl

Spec.—1-10-21—M&T—1500 Bks.

E 06407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001 E 06407

14-2 101

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 343 S. Gilmor ST. WARD)

2-FULL NAME Arthur C. Brown

(a) RESIDENCE NO. 343 S. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Pusey Brown

6 DATE OF BIRTH (month, day, and year) Mar. 12, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Maryland Biscuit Co.

9 BIRTHPLACE (city or town) Montross

(State or country) Virginia

PARENTS

10 NAME OF FATHER Meridith Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant R. C. Smerdon

(Address) 308 N. Pulaski Street

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28th 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1926, to Jan 28, 1926, that I last saw him alive on Jan 28, 1926, and that death occurred, on the date stated above, at 11.35 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. D. Driscoll, M. D.

1-29, 19 26 (Address) 1211 W. Mulberry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL Feb 1 19 26

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 N. Eutaw St

FEB 1926 C. HAMPSON JONES, M. D.

RPM

Spec.—1-10-21—M&T—1500 Bks.

E 06408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06408

CERTIFICATE OF DEATH.

REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 South Paca ST. 4-1 WARD)

2-FULL NAME Anna Laura Bell

(a) RESIDENCE NO. 115 N. Paca ST., ... WARD N. Ga

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. R. Bell

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home 037

(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER James Burnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant Mrs. L. F. Bell

(Address) 115 N. Paca Street

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29, 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 29, 1926, that I last saw h[illegible] alive on Jan 29, 1926, and that death occurred, on the date stated above, at 10 30 p m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) W. H. Hull, M. D.

1/29, 1926 (Address) 1207 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Blue Field West Va

DATE OF BURIAL 2/1 1926

20 UNDERTAKER H. D. Cook

ADDRESS 1023 W. Baltimore St

Supervisor 232 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06409 E 06409

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 10-3 117 REGISTERED NO.

CITY OF BALTIMORE: (NO. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joe Sbisa.

(a) RESIDENCE NO. 155 N Curley ST., 6 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Sbisa.

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Practical nurse

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joe Sbisa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca Zecy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17th, 1926, to Jan. 28th, 1926, that I last saw him alive on Jan. 28th, 1926, and that death occurred, on the date stated above, at 4.20 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of Jan 22-26

Was there an autopsy? Yes Path Exam

What test confirmed diagnosis?

(Signed) Warfield M Theobald, M. D.

1/28, 1926 (Address) 9 N 10

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL Feb 1st 1926

20 UNDERTAKER Lilly-Geier

ADDRESS 402 S. Mott St

FEB 5 1926

RPH

06410

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06410

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2010 Fountain St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Graham

(Residence in Baltimore: No. 2010 Fountain St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word): Widower

6-DATE OF BIRTH: Dec 24 1858
(Month) (Day) (Year)

7-AGE: 67 yrs. 1 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oil Paper
(b) General nature of industry, business, or establishment in which employed (or employer): City Council

9-BIRTHPLACE, (State or Country): Balto Cty

PARENTS.

10-NAME OF FATHER: Benj. F Graham

11-BIRTHPLACE OF FATHER, (State or Country): Balto Cty

12-MAIDEN NAME OF MOTHER: Mary Adams

13-BIRTHPLACE OF MOTHER, (State or Country): Balto Cty

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Graham

(Address) 1515 S. Belnord Ave

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan 24 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

Cerebral Embolism

(Duration) ... yrs. ... mos. ... ds.

(Signed) James H Hamilton M. D.
(Coroner)

Jan 24 1926 (Address) 700 Chas

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet Cemetery DATE OF BURIAL: Feb 1st 1926

20-UNDERTAKER: Lilly & Gaden ADDRESS: 403 S Hoffman St.

RAH

Spec.—1-10-21—M&T—1500 Blks.

E 06411

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06411

CERTIFICATE OF DEATH.

161-007

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland G. Hospital WARD) 23-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Sims

(a) RESIDENCE NO. 2915 Cedar Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan 24/1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4 5	

8 OCCUPATION OF DECEASED ✓

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland General Hospital - Baltimore Md.

PARENTS

10 NAME OF FATHER Mr. Sims

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mrs Burrier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Sims (Address) 2915 Cedar Ave

15 Filed ..., 19 RKR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 24, 1926, to Jan 28, 1926, that I last saw him alive on Jan 28, 1926, and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

4 months old baby.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Starvation - Marasmus

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Jno A Tompkins, M. D.

, 19 (Address) 1401 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Jan. 30 1926

20 UNDERTAKER Ginkler + Ginkler — ADDRESS 1739 E. Eager

C. JAMESON JONES, M. D.

D 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06412

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06412

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1306 W. Lafayette St., 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frank Payne

(a) Residence No. 1306 Lafayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nannie Payne

6-DATE OF BIRTH (month, day and year) Mch 22-1885

7-AGE. 40 yrs. 10 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Fireman

(b) General nature of industry, business, or establishment in which employed (or employer). Mutual Chemical Co.

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Lynchburg Va.

PARENTS.

10-NAME OF FATHER. Lewis Payne

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Lynchburg Va

12-MAIDEN NAME OF MOTHER. Minerva Forbes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Lynchburg

14- (Informant) Nannie Payne

(Address) 1306 Lafayette ave

15-

Filed ....., 192.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 27, 1926

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926 to Jan 27, 1926 that I last saw him alive on Jan 26, 1926 and that death occurred, on the date stated above, at 6.10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach 6 weeks

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yr. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical - X-Ray

(Signed) Wm H Wagner M. D.

Jan 27, 1926 (Address) 1306 Pennsylvania ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. Jan 30 26

20-UNDERTAKER. Samuel Hemsley

ADDRESS 1278 Bridge

C. HAMPSON JONES, M. D.

Roll

Spec.—1-10-21—M&T—1500 Bks.

3002 Garrison

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06413

CERTIFICATE OF DEATH.

101-01 E 06413

1-PLACE OF DEATH — Fourth Ward

CITY OF BALTIMORE: (No.) 4301 (Street) Maine ave (Ward) 24

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Lange

(a) RESIDENCE No. 4301 Maine ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Louise Lange

6 DATE OF BIRTH (month, day, and year) Feb 17-1863

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
62	11	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Banker
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer Eastizens Saving Bank

9 BIRTHPLACE (city or town) Neue Buerkom
(State or country) Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Anna Louise Lange
(Address) 4301 Maine ave Baltimore

15 Filed ....., 19 .... Registrar

C. HAMPSON JONES, M.D.
1926
Reg. No. 1826

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 28, 1926,
that I last saw him alive on Jan 28, 1926,
and that death occurred, on the date stated above, at 1.15 P. m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? —

(Signed) Geo. W. Kemmler M. D.
1/29, 1926 (Address) 3002 Garrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Cem Emmanuel Lancerville — DATE OF BURIAL 1/31/26

20 UNDERTAKER Geo. Wibel & Son — ADDRESS 2503 Edmondson

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06414

CERTIFICATE OF DEATH.

C-01 94 E 06414

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2644 Maryland ave ST. 12-3 WARD)

2-FULL NAME Margaret Sarbacher

(a) RESIDENCE NO. 2644 Maryland ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) May 21st 1856

7 AGE: Years 69 | Months 8 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Conrad Sarbacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER /

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Joseph C Sarbacher
(Address) 2644 Maryland ave

15 Filed ....., 19 ..... Registrar

RPF

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 27, 1926, that I last saw h[illegible] alive on Jan 27, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) H Norwood M. D.

Jan 27th 1926 (Address) 934 N Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Co — | DATE OF BURIAL 1/30/26

20 UNDERTAKER Geo. H. Weber | ADDRESS 2503 Edmondson

Spec.—1-10-21—M&T—1500 Blks.

E 06415

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 06415

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 6023 Falls Road ST., 27b WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Simpson Davis

(a) RESIDENCE NO. 6023 Falls Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Davis

6 DATE OF BIRTH (month, day, and year) July 24-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	6	4	

8 OCCUPATION OF DEACONED

(a) Trade, profession or particular kind of work Building Supply

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER James R. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Roxy A. Gossom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Milton C. Davis

(Address) 3600 Elm Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 31, 1925, to Jan 28, 1926,

that I last saw h[illegible] alive on Jan 25, 1926,

and that death occurred, on the date stated above, at 11 40 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Septicemia (Gas)

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Occurred in hospital

Did an operation precede death? Yes Date of Jan 15 26

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) [illegible], M. D.

Jan 29, 1926 (Address) 3429 Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Jan 30 1926

20 UNDERTAKER Horace A. Burger

ADDRESS 3631 Falls Rd

JAN 30 1926 C. HAMPSON JONES, M. D.

Per [illegible]

Spec.—1-10-21—M&T 1500 Blks.

E 06416

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-021

E 06416

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3345 Chestnut Ave. ST., 13th WARD)

2-FULL NAME Mary J. Baker

(a) RESIDENCE NO. 3345 Chestnut Ave ST., 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 19-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	1	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joshua Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah A. Dudley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant William A. Baker
(Address) 3345 Chestnut Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18 1926, to Jan 29 1926,
that I last saw her alive on Jan 29, 1926,
and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Vernon J Keely M. D.

1/29 1926 (Address) 4 Somerset Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Mary's Hampden

DATE OF BURIAL Feb. 1 1926

20 UNDERTAKER Horace H. Burgee

ADDRESS 1631 Falls Rd

C. HAMPSON JONES, M.D.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 06417

E 06417.

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 16-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Hartrick

(a) Residence No. 825 W. Fayette St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Betty Hartrick

6-DATE OF BIRTH (month, day and year) 1867 Sept 22

7-AGE.	If LESS than 1 day,
58 yrs. 4 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer.....

9-BIRTHPLACE (city or town) New York (State or Country).

PARENTS.

10-NAME OF FATHER. George Hartrick

11-BIRTHPLACE OF FATHER (city or town) Unknown (State or Country).

12-MAIDEN NAME OF MOTHER. Sarah Wilson

13-BIRTHPLACE OF MOTHER (city or town) Canada (State or Country).

14- (Informant) Baltimore City Hospitals Records

(Address).....

15-

Filed....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 27, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan. 12 19 26 to Jan. 27 19 26 that I last saw him alive on Jan. 27 19 26 and that death occurred, on the date stated above, at 11:45 P m.

The CAUSE OF DEATH* was as follows:

Central Nervous System Syphilis

(Duration) 5 yrs. (History) mos. ds.

CONTRIBUTORY (Secondary) Hemorrhagic Cystitis

(Duration) yrs. ? mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) Wm. Lindsay Neilly M. D.

1/29, 1926 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	Jan 30, 1926
20-UNDERTAKER. George J. Smith	ADDRESS 1532 Hollins

1920

J C P A

Spec.—8-24-14—M. & T.—2000 Bks.

Stroff

HEALTH DEPARTMENT—CITY OF BALTIMORE

06418

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Eastern Ave ST. 27-4 WARD)

REGISTERED No. C 159 E 06418

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Xavier Stroff

(Residence in Baltimore: No. 612 Eastern Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	

6-DATE OF BIRTH, Jan (Month) 27 (Day), 1926 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, R Howard Stroff

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mary McKeown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R Howard Stroff

(Address) 612 Eastern Ave

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 29 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/27 1926, to 1/29 1926, that I saw h his alive on 1/29 1926, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Lymphatic Heart disease.
Pulmonary tuberculosis.
(Contributory)
(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. C. Hopkins M. D.

1/30, 1926 (Address) 3839 York Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Cathedral Cemetery	Jan 31, 1926

20-UNDERTAKER	ADDRESS
Henry Hoech Son	1301 E Eager St

8 1926

RPH

Spec.—1-10-21—M&T—1500 Blks.

E 06419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 06419

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Druid Hill ave ST., 11-1 WARD)

2-FULL NAME. Lucille Ennells

(a) RESIDENCE NO. 1013 Druid Hill ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward P. Ennells

6 DATE OF BIRTH (month, day, and year) Dec 16-1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or estnblishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Lynchburg, Va.
(State or country)

PARENTS

10 NAME OF FATHER John H. Payne

11 BIRTHPLACE OF FATHER (city or town) Lynchburg, Va.
(State or country)

12 MAIDEN NAME OF MOTHER Lucy Goode

13 BIRTHPLACE OF MOTHER (city or town) New Glasgow, Va.
(State or country)

14 Informant Lucy Goode
(Address) 1013 Druid Hill ave.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28- 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-22- , 1926, to 1-28- , 1926, that I last saw h[illegible] alive on 1-27- 1926, and that death occurred, on the date stated above, at 5-20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

From History

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) George C Page M. D.

, 19 (Address) 1816 N. McHenry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Jan 30 1926

20 UNDERTAKER Jno. M. Johnson

ADDRESS 1314 Ething St.

HOWARD W. KELLY, M.D.
CHARLES C. HARRISON JONES, M.D.

Spec.—1-10-21—M&T—1500 Blks.

06420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06420

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Esther Pl. ST. 76-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Broseker

(a) RESIDENCE NO. 3401 Esther Pl. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. Broseker

6 DATE OF BIRTH (month, day, and year): July 24/52

7 AGE — Years: 73 Months: 6 Days: 5 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Krug

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Jacob Lang

(Address) 105 N. Highland Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 29, 1926, that I last saw h alive on Jan 28 1926 and that death occurred, on the date stated above, at 5 05 A, m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos 1 4 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. P. K. Campbell M. D.

Jan 29, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk — DATE OF BURIAL: 2/1 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans

C. HAMPSON JONES, M. D.

1926

Per ...

TION is very important. See instructions on back of certificate.

1925
30.

Cor.—1-12-25—M&T—100 Bks.

E 06421 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06421

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH West Balto. Gen Hospital 10-3

CITY OF BALTIMORE: (No.) ..... (ST.) ..... (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. Milburn

(a) RESIDENCE NO. 521 N Pulaski ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 23 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	2	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) 10 0
(c) Name of employer

9 BIRTHPLACE (city or town) ..... Md
(State or country)

PARENTS

10 NAME OF FATHER Saml Milburn

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Peterson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Grover Milburn
(Address) Chestertown Md

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dr Immediate Dil of Heart 26 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

(Signed) G. L. Wades, M. D.
(Coroner)
Jan 30 192 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestertown Md — DATE OF BURIAL Jan 31. 1926

20 UNDERTAKER Owen Cook — ADDRESS 102 E North

Via P.R.R. c/o Charles L Wade

Spec.—1-12-23—M&T—500 Blks.

Madison 8825

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06422 E 06422

CERTIFICATE OF DEATH.

38

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Smith Av St. 14-1 WARD)

2-FULL NAME Ernest Marshall

(a) RESIDENCE NO. 629 Smith Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Della Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Della Marshall
(Address) 629 Smith Ave

15 Filed ....., 19 .....
Registrar

RAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926 to Jan 28, 1926
that I last saw h. alive on Jan 27, 1926
and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) ✓
(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. W. Hatcher, M. D.
1/31 19 26 (Address) 625 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Jan 30/26
20 UNDERTAKER Hamilton	ADDRESS 915 Penna ave

Spec.—1-12-23—M&T—500 Blks.

E 06423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06423

CERTIFICATE OF DEATH.

37-201

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1102 Warner St. 71-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy Sylvester Wright

(a) RESIDENCE NO. 1102 Warner ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June - 6 - 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15 16	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) West Island
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Daniel Wright

11 BIRTHPLACE OF FATHER (city or town) West Island
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Whitticar

13 BIRTHPLACE OF MOTHER (city or town) West Island
(State or country) Maryland

14 Informant Edmund Skinner
(Address) 502 S. Eutaw St.

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan - 15, 1926, to Jan - 29, 1926,

that I last saw him alive on Jan - 28, 1926,

and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis
Disease Myelitis

(duration) — yrs. 3 mos — ds.

CONTRIBUTORY
(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Freedmans Hospital Washington D.C.

(Signed) D. W. Franklin, M. D.

1/29 1926 (Address) 122 W. Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cheltenham Md

DATE OF BURIAL Jan 30/1926

20 UNDERTAKER Daniel Easton

ADDRESS 916 Druid

Spec.—1-18-28 M&T—1500 Bks.

1838 E 06424

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 E 06424

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST. 11-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Penn

(a) RESIDENCE NO. 801 Woodyear ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Col	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
		16		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles Penn

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER Addie ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... P. C. N. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 25th, 1926, to Jan 16th, 1926.

that I last saw he alive on Jan. 16th 1926,

and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Enterocolitis

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Pyelitis, Pentocolitis media

(duration) ..... yrs. ..... mos. 15 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Usual examination

(Signed) A. W. Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER — JOHNS HOPKINS HOSPITAL

ADDRESS .....

TION is very important. See instructions on

1926 C. HARRISON JONES, M. D.
Per

4 Dr Jones. Pathologist Jan. 30/26 received at department Jan 28 4 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06425

CERTIFICATE OF DEATH.

90 E 06425

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 E Biddle ST. 8-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Royal S. Lowman

(a) RESIDENCE NO. 1704 E Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 4 1915

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	10	7	23	/

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Royal Lowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lillian Lowry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Porter (Address) 1704 E Biddle St

15 Filed JAN 21 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 27, 1926, that I last saw h[illegible]ive on Jan 27, 1926, and that death occurred, on the date stated above, at 3 0 m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) 6 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D Heck M.D.

Jan 28 1926 (Address) 426 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Jan 30 1926

20 UNDERTAKER Chas L Stevens ADDRESS 1301 2 Monument

IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

JAN 21 1926 HAMPSON JONES, M.D.

Cor.—1-12-22—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06426 ✓6426 E 06426 ×146

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 4-1 WARD)

2-FULL NAME Mrs. Bernice Alberts

(a) RESIDENCE NO. Reistertown ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	18			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home 07
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Harvey Shhaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Stella Walsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harvey Bankard
(Address) Westminster Md

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30/192 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septic Endometritis & Metritis
Following Partution at full term
(Autopsy by Dr. Maldeis)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Weller, M. D.
(Coroner.)

1/30/26, 192 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. John's Westminster — DATE OF BURIAL Feb 1 192 6

20 UNDERTAKER H Bankard & Son — ADDRESS Westminster Md

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06427

CERTIFICATE OF DEATH.

E 06427

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp ST. 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Means

(a) RESIDENCE NO. Bellhaven, Va. ST., WARD Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 9 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Georgia Means

6 DATE OF BIRTH (month, day, and year) Sept. 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	4	—	
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 080

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant Seamen

(c) Name of employer S.S. Virginia

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Tobin Means

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma Walters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Georgia Means (Address) Bellehaven Va.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1926, to Jan 30, 1926, that I last saw him alive on Jan. 30, 1926, and that death occurred, on the date stated above, at 12:10 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) M. X. Fiske, M. D.

19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harborton, Accomac co. Va

DATE OF BURIAL 1-31 1926

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06428 E 06428

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2074 Woodbery Ave St., 13-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas L Wilson

(a) RESIDENCE No. 2074 Woodbery Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Child

5a If ~~married~~, ~~widowed~~, or ~~divorced~~ ~~HUSBAND~~ of (or) ~~WIFE~~ of: Child

6 DATE OF BIRTH (month, day, and year) March 27 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6.	10.	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John L Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Edna Bosley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): John L Wilson 2074 Woodbery Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23rd 1926 to Jan 30th 1926.

that I last saw h~~im~~ alive on Jan 30th 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

(Acute Dil)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Scarlet fever

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis? Typical findings

(Signed) H. A. Fuller, M. D.

Jan. 30 1926 (Address) 1817 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Ham & Jan 31 1926 DATE OF BURIAL

20 UNDERTAKER: Ehrenworth & Son ADDRESS 3677 Chestnut Ave

C. HAMPSON JONES, M. D.

JAN 31 1926

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06429

CERTIFICATE OF DEATH.

E 06429

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Hutton St., 15-6 WARD)

2-FULL NAME Geo R Russell

(a) RESIDENCE NO. 3402 Hutton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced (write the word)~~
Male	wht	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mrs Russell

6 DATE OF BIRTH (month, day, and year) Jan 7-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	0	xx	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gen Manager
(b) General nature of industry, business, or establishment in which employed (or employer) Dft & Tool
(c) Name of employer Stewart & Co

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Louis S. Russell

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Laurette E. Hammond

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Mrs Russell
(Address) 3402 Hutton St

15 Filed ..... 192 ..... Registrar RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Gastritis
Enn of Dis.
(Duration) ..... yrs. ..... mos. 6 hrs.
Ac Dil. Heart.
CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. 1 hr ..... ds.

(Signed) H C Wade, M. D.
(Coroner.)
Jan 31, 192 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem — DATE OF BURIAL Feb 1 1926

20 UNDERTAKER J Z J Tickner & Sons — ADDRESS Balto

NOT 1926 C. HAMPTON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

06430

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 06430

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Apartment (ST.) 12-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lucile Hatfield

(a) RESIDENCE NO. Hopkins Apt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 29 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer) Manufacturing

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10 NAME OF FATHER Schuyler C Hatfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Illinois

12 MAIDEN NAME OF MOTHER Margaret E Brooks

13 BIRTHPLACE OF MOTHER (city or town) DeKalb (State or country) Illinois

14 Informant Schuyler Hatfield
(Address) Hopkins Apt

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from 2 a.m. Jan 27, 1926, to 11-45 P.M. Jan 28, 1926,

that I last saw h~~e~~ alive on Jan 28th, 1926,

and that death occurred, on the date stated above, at 11-45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) D K yrs. — mos — ds.

CONTRIBUTORY (Secondary) Spasmodic Torticollis

D K (duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? D K

Did an operation precede death? NS Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Eugene Douglas, M. D.

Jan 30, 1926 (Address) 3043 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Feb 1 1926

20 UNDERTAKER Wm J Hutchinson, Jones — ADDRESS Mt Royal

TION is very important. See instructions on back of certificates.

JAN 1 1926 C. HAMPSON JONES, M.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06431

CERTIFICATE OF DEATH.

101 001 E 06431

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1130 Mosher ST. 16-6 WARD)

2-FULL NAME Sarah Keglum

(a) RESIDENCE No. 1130 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE: Years 62 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook. 021

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mathews Co. (State or country) Va

PARENTS

10 NAME OF FATHER Henry Clark

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Rebecca Clark

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Henry Clark (Address) 1130 Mosher Street

15 Filed ..... 19 ..... K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/29/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/29/ 1926. to 1/29/ 1926.

that I last saw her alive on 1/29/26 19 .....

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of the heart

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? ~

(Signed) C M Lawrence, M. D.

19 (Address) 1232 Mosher St Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Mathews Co Virginia

20 UNDERTAKER: Samuel Staverley

DATE OF BURIAL 1/31 1926

ADDRESS 578 W Biddle

TION is very important. See instructions on back of certificate.

Spec.—1-[illegible]2 M&T 1500 Blks.

1884

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06432

CERTIFICATE OF DEATH.

90 E 06432

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 3-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Slutzky Klein

(a) RESIDENCE NO. 1175 S. Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child - [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Jakob Slutzky Klein

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Hannah Landy

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 31 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30th 26

17

I HEREBY CERTIFY, That I attended deceased from Jan. 25th, 1926, to Jan. 30th, 1926, that I last saw her alive on Jan. 30th, 1926, and that death occurred, on the date stated above, at 1 30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic rheumatic endocarditis

Mitral stenosis + insufficiency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial insufficiency and pericarditis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) A W Dacobson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmt. Carmel — DATE OF BURIAL 1-31- 1926

20 UNDERTAKER Jacob Lewis, 1439 E. Balto. — ADDRESS

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06433

CERTIFICATE OF DEATH.

90 E 06433

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 W. Mt. Covas St., 23 W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie E. Millenbus

(a) RESIDENCE NO. 111 W. Mt. Covas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E Millenbus

6 DATE OF BIRTH (month, day, and year) Sept-17-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	3 4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Constant Livingston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Bollus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wash

14 Informant Mr. Millenbus (Address) 111 W Mt Covas

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 28, 1926 that I last saw h/me alive on Jan 28, 1926 and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Dropsy

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. C. Campbell M. D.

Jan 30, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 2/1 1926

20 UNDERTAKER J. Fus M. Cully

ADDRESS 130 E. Fort

CAUTION is very important. See instructions on back of certificates.

JAN 30 1926 H. HAMPSON JONES, M. D.

Per

RK

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06434

CERTIFICATE OF DEATH.

188 - 003 E 06434

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Madison & Cathedral Sts. St., 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick J. Klump.

(a) RESIDENCE NO. 1621 Hanover St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 20, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	6	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sup. fireman 03
(b) General nature of industry, business, or establishment in which employed (or employer) Salvage Corps.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jacob Klump.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary A. Lipp.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mary A. Klump. (Mother)
(Address) 1621 Hanover St.

15 Filed ..... 192 ..... RK. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull, thrown from Salvage Corps Motor Wagon by having been run into by Balto. City Fire Dept, Motor Engine #7 (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Accidental Death (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Jany 31, 1926 (Address) 1017 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Feb 1 1926
20 UNDERTAKER E Schloman & Son	ADDRESS 1039 Hanover St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06435

CERTIFICATE OF DEATH.

11-001

E 06435

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Bolton St ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Welles Rusk

(a) RESIDENCE NO. 1614 Bolton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Belle W Rusk

6 DATE OF BIRTH (month, day, and year) Oct 17 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer 042

(b) General nature of industry, business, or establishment in which employed (or employer) Legal work

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob W Rusk

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catharine O. Lane

13 BIRTHPLACE OF MOTHER (city or town) Washington (State or country) DC

14 Informant (Address) Krebs Rusk 1111 Munsey Building

15 Filed JAN 1926, 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 28, 1926, that I last saw him alive on Jan 28, 1926, and that death occurred, on the date stated above, at 8.30 p.m.

The CAUSE OF DEATH* was as follows

Influenza with pneumonia.

(duration) yrs. mos 24 ds.

CONTRIBUTORY (Secondary) Old hemiplegia with increasing infirmity (duration) 9 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm J Watson M. D.

Jan 28 1926 (Address) 2128 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Feb-1 1926

20 UNDERTAKER Chas B Spence ADDRESS 1325 N Howard St

TION is very important. See instructions on back of certificate.

JAN 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06436

CERTIFICATE OF DEATH.

101-001 E 06436

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1162 East North Ave ST. 8th WARD)

2-FULL NAME Henry Peter Fitzmaurice

(a) RESIDENCE NO. 1162 East North Ave ST., 9th WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., ~~if of foreign birth~~? 69 yrs. — mos. — ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) July 19. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	69	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Business

(c) ~~Name of employer~~

9 BIRTHPLACE (city or town) Maryland (U S A)
(State or country) Howard County -

PARENTS

10 NAME OF FATHER James Fitzmaurice

11 BIRTHPLACE OF FATHER (city or town) Mayo Co.
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Hughes, Julia

13 BIRTHPLACE OF MOTHER (city or town) Mayo Co.
(State or country) Ireland

14 Informant Julia Fitzmaurice
(Address) 1162 E North Ave

15 Filed Jan 29, 1926 J. K. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-28, 1926, to 1-29, 1926,

that I last saw him alive on 1-29, 1926,

and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1- ds.

CONTRIBUTORY (Secondary) Labor Pneumonia

(duration) yrs. mos. 8- ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Dr. [illegible] M. D.

1-30, 1926 (Address) 1 W 86 St Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Feb 1 1926

20 UNDERTAKER Henry W. Jenkins & Sons Co

ADDRESS Orchard & McCulloh

E 06437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06437

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE. (No. 607 Harding Place St., 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert S. Allen

(Residence in Baltimore: No. 607 Harding Place St.; yrs., 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

6-DATE OF BIRTH: Nov (Month) 6 (Day) 1848 (Year)

7-AGE: 77 yrs. 2 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of Industry, business, or establishment in which employed (or employer): B&O Ry

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: John Allen

11-BIRTHPLACE OF FATHER, (State or Country): Va

12-MAIDEN NAME OF MOTHER: Lucie Meyers

13-BIRTHPLACE OF MOTHER, (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Laura Rhodes

(Address) 607 Harding Place

15-

Filed..... 192.

JAN 3 1926 HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 29 (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Valvular disease of heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D. (Coroner.)

Jan 30 192 6 (Address) 3192 E. Lanvale

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: St Mary's C. Hampden — DATE OF BURIAL: Feb 1 19 26

20-UNDERTAKER: A S Marshall — ADDRESS: 3539 Falls Road

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06438

CERTIFICATE OF DEATH.

26-2 100-001 E 06438

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) BALTIMORE CITY HOSPITALS St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lilly

(a) Residence No. Bay View Asylum St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1837

7-AGE. 74 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Wm Lilly

11-BIRTHPLACE OF FATHER (city or town) Balto, Md (State or Country),

12-MAIDEN NAME OF MOTHER Thursday Dikens

13-BIRTHPLACE OF MOTHER (city or town) Balto, Md (State or Country),

14- (Informant Baltimore City Hospitals Records)

(Address)

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 31, 1926

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 1924 to Jan. 31 1926 that I last saw her alive on Jan. 31 1926 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller M. D.

1/31, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Mary's, Hawdon

DATE OF BURIAL. Feb 2 1926

20-UNDERTAKER. A S Marshall

ADDRESS 3539 Fall Road

instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 06439

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06439

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Insurance Home

CITY OF BALTIMORE: (No. 2200 E. Balto. ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elyahu Holdstein

(a) RESIDENCE NO. 2200 E. Balto St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — 1828

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	98			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Jeweler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis (Address) 1439 E. Balto. St

15 Filed , 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov , 1924 , to Jan 29 , 1926 , that I last saw him alive on Jan 29 , 1926 , and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus.

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray.

(Signed) Samuel Hollander M. D.

, 19 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Wash. Road — DATE OF BURIAL 1-31- 1926

20 UNDERTAKER Jack Lewis, 1439 — ADDRESS E. Balto.

TION is very important. See instructions on back of certificates.

C. HAMPSON JONES M.D.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06440

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 15-1 WARD) 129

REGISTERED No. B 06440

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Berman

(a) RESIDENCE NO. 2834 Boarman Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Berman

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abba Yoffe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fagir —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital or Joseph Berman (Address) 2834 Boarman Ave

15 Filed ....., 19 ..... Registrar

JAN 31 1926 HAMILTON JONES, M. D. HEALTH COMMISSIONER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1—30 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1926, to Jan 30, 1926, that I last saw h.. alive on Jan 30, 1926, and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

2. Interocolitis + Hypertension

1. Cardiac Hypertrophy + Dilatation

3. Chronic Nephritis

(duration) yrs. 5 mos — ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Philip Gordon M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mosh Road

DATE OF BURIAL 1/31 1926

20 UNDERTAKER Jack Lewis 1439 E Balto

ADDRESS

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06441

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06441

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5226 York Road St., 27 Ward)

Registered No. 29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Sarah A. Utley

(a) Residence No. 5226 York Rd St., 27 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Utley

6-DATE OF BIRTH (month, day and year) Jan 6 1842

7-AGE. 84 yrs. — mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. retired

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Penn.

PARENTS.

10-NAME OF FATHER, Charles Allison

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). "

11- (Informant) Frank D. Utley

(Address) 5226 York Road

15- Filed 192 RK Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). January 30/26.

17- I HEREBY CERTIFY, That I attended deceased from Oct 1923 to January 30 1926

that I last saw h[illegible] alive on Jan. 30 1926

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis — Old Age

Chr. Int. Nephritis

Chr. Myocarditis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. W. Besley M. D.

Jan 30, 1926 (Address) 520 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge DATE OF BURIAL, Feby 1 1926

20-UNDERTAKER, John O. Mitchell ADDRESS 1511 E. Fayette St

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06442

CERTIFICATE OF DEATH.

101 E 06442

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2040 Bank ST. 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Teresa Goldberg

(a) RESIDENCE NO. 2040 Bank ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	58	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Sekula

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Anna Cahill
(Address) 2040 Bank St

15 Filed ....., 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1925, to Jan. 29, 1926, that I last saw her alive on Jan. 29, 1926, and that death occurred, on the date stated above, at 6.25 p m.

The CAUSE OF DEATH* was as follows:

Terminal Lobar pneumonia.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? T. S. & S.

(Signed) John V. Segelcke, M. D.

, 19 (Address) 735 S. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary cem DATE OF BURIAL Feb 1 1926

20 UNDERTAKER John M Weber ADDRESS 1803 Bank

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06443

E 06443

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 408 S Stricker ST., 14-2 WARD)

2-FULL NAME Antonin Borusiewicz (Burasky)

(a) RESIDENCE NO. 408 S Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michalina Borusiewicz

6 DATE OF BIRTH (month, day, and year) May 20 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. O. R.R.

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Tomas Borusiewicz

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Mrs Michalina Borusiewicz (Address) 408 S Stricker St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1926

17 I HEREBY CERTIFY, That I attended deceased from 28 January, 1926 to 28 January, 1926, that I last saw h/ alive on 28 January, 1926, and that death occurred, on the date stated above, at 9.50 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchialis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Joseph Schwartz, M. D.

, 19 (Address) 601 S Paca St, Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Feb 1 1926

20 UNDERTAKER John M Weber — ADDRESS 1803 Bank St

CAUSE OF DEATH must be plainly written. See back of certificate. TION is very important. See instructions on back of certificates.

MAR 31 1926 C. HAMPTON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

Latta

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06444

CERTIFICATE OF DEATH.

90 E 06444

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Mont-Pelier St., 9-3 Ward)

2-FULL NAME Emma L. Latta

(a) RESIDENCE NO. 1728 Mont-Pelier St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert F.

6 DATE OF BIRTH (month, day, and year) Feb 3 - 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Home

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) ... (State or country) Balto

PARENTS

10 NAME OF FATHER William Cripps

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Penn.

12 MAIDEN NAME OF MOTHER Mary Robins

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Md

14 Informant Mrs Ella Gregg (Address) 1723 Mont-Pelier

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1926 to Jan 29, 1926.

that I last saw h[illegible] alive on Jan 29, 1926

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) yrs. mos 23 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Chas L Lemmon, M. D.

Jan 29, 1926 (Address) 1853 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL ... 1926

20 UNDERTAKER Wm Cook & Son

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

JAN 31 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06445

CERTIFICATE OF DEATH.

90 E 06445

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1216 E. Preston St St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Hubert

(a) RESIDENCE NO. 1216 E. Preston St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Hubert

6 DATE OF BIRTH (month, day, and year) Aug 25/1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Penna

PARENTS

10 NAME OF FATHER David Minnick

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna

12 MAIDEN NAME OF MOTHER Anna Raub

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna

14 Informant Dr. Hubert C. Knapp

(Address) 1216 E. Preston St

15 Filed 19 JAN 31 1926 Registrar PK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Cain M. D.

(Coroner)

1/30/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial Feb 2 1926

20 UNDERTAKER J. E. Cook ADDRESS 502 E North Ave

Spec. No. 10 21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06446 E 06446

CERTIFICATE OF DEATH.

18852

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE: (No. 10-7 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Samuels -

(a) RESIDENCE No. 1038 Wilcox ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 19, 1922

7 AGE: Years 3 Months 4 5 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Israel Samuels

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Margaret Frampton

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 26th, 1926, to Jan 30th, 1926, that I last saw h alive on Jan. 30th, 1926, and that death occurred, on the date stated above, at 10 13 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia secondary to measles

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) United States subdis

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? 1038 Wilcox St

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) A W Jacobsen M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore DATE OF BURIAL Feb 2 1926

20 UNDERTAKER W. M. Cook ADDRESS 582 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 06447

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06447

CERTIFICATE OF DEATH.

S-V 44

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1624 N. Wash. ST., ... WARD)

2-FULL NAME Margaret Kuhne

(a) RESIDENCE NO. 1624 N Wash. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gustav L. Kuhne

6 DATE OF BIRTH (month, day, and year): Aug 24 1840

7 AGE: Years 85 Months 5 Days 6 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Rake

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Anne Rumme

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Selena Kuhne (Address) 1624 N. Wash. St

15 Filed ....., 19 ..... R K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1925 to Jan 30, 1926

that I last saw h[illegible] alive on Jan 28, 1926

and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

1/30, 1926 (Address) 1823 Druid St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemt — DATE OF BURIAL: Feb 2 1926

20 UNDERTAKER: William Cook Sons & Nathan — ADDRESS

CAUSE OF DEATH to be plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06448 38 E 06448

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 76-1 WARD)

2-FULL NAME George Kuebler

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Luke yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of [illegible] 1885

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Grant	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Draftsman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

15 Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 19 26

17

I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1926, to Jan 29, 1926, that I last saw him alive on Jan 28, 1926 and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Serological & Clinical findings

(Signed) [illegible] M.D.

1/30/1926 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity — DATE OF BURIAL Feb 1 1926

20 UNDERTAKER Wm. Clark — ADDRESS 302 E. North Ave

JAN 31 1926 HAMPSON JONES, M.D.

PK.

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06449

74-001

E 06449

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Orleans St. ST., 6-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Ritchie

(a) RESIDENCE No. 1528 Orleans St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John L. Ritchie

6 DATE OF BIRTH (month, day, and year): July 20—1847

7 AGE — Years: 78 — Months: 6 — Days: 10 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): and

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Phila Pa.

PARENTS

10 NAME OF FATHER: Thos Ritchie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Elsie Ritchie

(Address): 1528 Orleans St.

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to Jan 30, 1926.

that I last saw h[illegible] alive on Jan 30, 1926.

and that death occurred, on the date stated above, at 6[illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) C. E. Heffner M. D.

Jan 30, 1926 (Address) 1301 N Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: 2/1 19 26

UNDERTAKER: Chas F. Krause & Son — ADDRESS: 1211 Eutaw Place

Spec.—1-10-21—M&T—1500 Blks.

18289 E 06450

HEALTH DEPARTMENT—CITY OF BALTIMORE

Ped

E 06450

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 26-5 9 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME Edward Lucas

(a) RESIDENCE NO. 1225 S Clinton St. ST., Balto WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 7, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
2	Years	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER L. J. Lucas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Rose Jalowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

JAN 31 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1 1926, to Jan 30, 1926, that I last saw him alive on Jan 30, 1926, and that death occurred, on the date stated above, at 5-15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Thos D Cornwall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Nicholas — DATE OF BURIAL Feb 2 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06451

CERTIFICATE OF DEATH.

16 001

E 06451

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 Harford Ave., St.; 10 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Russell Geelhaar

(a) RESIDENCE. No. 1138 Harford Ave St. 10 Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): —

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Jan. 29 1926

7 AGE: Years — Months — Days 2 — If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Jos. E. Geelhaar

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Elenora E. Merson

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Jos. E. Geelhaar (Address) 1138 Harford Ave.

15 Filed ..... 19 ..... Registrar R. L.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 31 — 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29 —, 1926, to Jan. 31 —, 1926, that I last saw h[illegible] alive on Jan. 30 —, 1926, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth at 8 months gestation

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

, 19 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Feb. 1. 1926

20 UNDERTAKER: Elmer W. Conklin ADDRESS: 924 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Collins ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06452

58-001

CERTIFICATE OF DEATH.

E 06452

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2600 Guilford Ave ST. 17-3 WARD)

2-FULL NAME Rev. Lewis F. Collins

(a) RESIDENCE NO. 2600 Guilford Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma K. Collins

6 DATE OF BIRTH (month, day, and year): Feb 6-1849

7 AGE — Years: 76 — Months: 4 — Days: 24 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister 018

(b) General nature of industry, business, or establishment in which employed (or employer): Baptist Conference

(c) Name of employer: M E Church Co.

9 BIRTHPLACE (city or town) (State or country): York Pa.

PARENTS

10 NAME OF FATHER: Rev L F Collins Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: M Louisa Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Rev L F Collins

(Address): 2600 Guilford Ave

15 Filed ..., 19 ... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30th 1926

17 I HEREBY CERTIFY, That I attended deceased from 31 May, 1925, to 30 Jan, 1926, that I last saw h[e] alive on 29th Jan, 1926, and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

about (duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Ex of Blood

(Signed) Horace W. Byers, M. D.

, 19 (Address) 749 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park.

DATE OF BURIAL: Feb 1st 1926

~~20~~ UNDERTAKER: Penniman & Co

ADDRESS: 1723 N Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 31 1926 H. FRANK JONES, M. D.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06453

CERTIFICATE OF DEATH.

91-002

E 06453

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 707 N Carrollton Av ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Anne Tinker

(Residence in Baltimore: No. 707 N Carrollton Av St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH March (Month) 10 (Day), 1849 (Year)

7-AGE. 76 yrs. 10 mos. 20 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer). none

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, David Pott

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Sarah Nagtoff

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie L. Hampman

(Address) 551 S. Braddock Ave Pittsburgh

15-

Filed ....., 191.....

Registrar.

JAN 31 1926 C. HAMPSON

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day), 1926 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1925, to Jan 30 1926, that I saw h[illegible] alive on Jan 30 1926 and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. Tinker M. D.

Jan. 30 1926 (Address) 485 Park Heights Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery DATE OF BURIAL, Feb 2, 1926

20-UNDERTAKER Hughes & Jones Inc. ADDRESS 1541 W. Baltimore

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 06454 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06454

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary REGISTERED NO. 17

CITY OF BALTIMORE: (No. N. Broadway ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Marks, Jr.

(a) RESIDENCE NO. 514 N. Lakewood ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER J. Herbert Marks

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice Jiminez

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant J. Herbert Marks (Address) 514 N. Lakewood ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1926 to Jan. 29, 1926

that I last saw him alive on Jan. 29, 1926

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Septicaemia

Pylephlebitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Appendicitis

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? yes Date of Jan. 24, '26

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) L. C. Smith, M. D.

Jan 29 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Feb 1 26

20 UNDERTAKER Hughes & Meade — ADDRESS 1424 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 31 1926 HAMPSON JONES, M. D.

John E. Nichols

E 6455

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 6455 ✓ 11 E 6455

CERTIFICATE OF DEATH.

REGISTERED NO. C 06455

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1701 W. Baltimore St. St. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Nichols

(Residence in Baltimore: No. 1717 W. Fayette Street St.: yrs., 20 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 28th (Month) (Day), 1853 (Year)

7-AGE, 72 yrs. 10 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): American R.R. Express

9-BIRTHPLACE, (State or Country), Caroline Co. Maryland

PARENTS.

10-NAME OF FATHER, John Nichols

11-BIRTHPLACE OF FATHER (State or Country), Caroline Co. Maryland

12-MAIDEN NAME OF MOTHER Mary Ellen Elliott

13-BIRTHPLACE OF MOTHER (State or Country), Caroline Co. Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. W. Nichols

(Address) 1717 W. Fayette St.

15-

Filed....., 191.... Registrar.

FEB 1 - 1926 C. HAMPSON JONES, M.D. Per RK

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29th (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion (Duration) — yrs. — mos. 1 hr.

CONTRIBUTORY (Secondary)

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Thos. B. Morton M. D. (Coroner.)

1-30 26, 191... (Address) Cedar & Curtis Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loyola Cemetery	Feb. 1st, 1926

20-UNDERTAKER Robt. B. Cook ADDRESS 1003 W. Pratt St.

Spec.—1-12-23—M&T—500 Bks.

E 06456 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06456

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S Bond ST 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Chrudzinski

(a) RESIDENCE NO. 514 S Bond St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 2 - 25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Chrudzinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Barkowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant John Chrudzinski (Address) 514 S Bond st

15 Filed FEB 1 1926 19 HAMPSON JONES, M. Registrar RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31 1926

17 I HEREBY CERTIFY, That I attended deceased from January 26, 1926, to January 30, 1926, that I last saw him alive on January 30, 1926 and that death occurred, on the date stated above, at 11:20 P m

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. / ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? -

(Signed) H. L. Coffin, M. D.

1926 (Address) 675 N Eutaw st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus DATE OF BURIAL Feb 1 1926

20 UNDERTAKER F. W. Ozazewski ADDRESS Eastern Ave

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06457

CERTIFICATE OF DEATH.

27-2/35

E 06457

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., WARD)

2-FULL NAME Robert Denbach

(a) RESIDENCE NO. 514 Forest Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced (or) WIFE of None.

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1860 (?)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2 ?	4 ?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Servant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Miss Helen Jones.

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Charles Denbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Gross.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Helen Jones. (Address) 514 Forest Road.

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30, 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1926, to Jan 30, 1926, that I last saw him alive on Jan. 30, 1926, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Shock, from continued hemorrhage from bladder

(duration) yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) Hypertrophied prostate & suprapubic obstruction.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Jan. 23, 1926 Jan. 30, 1926

Was there an autopsy? No

What test confirmed diagnosis? Physical exam. Operation

(Signed) C. H. Reslinghof, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Feb. 2 1926

20 UNDERTAKER L. Sander & Sons Inc

ADDRESS 1710 Eleet St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 1 - 1926

Spec.—1-10-21—M&T—1500 Bks.

E 06458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

E 06458

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2793 Alameda Ave ST., 9-3 WARD)

2-FULL NAME Charles Edmond Wright

(a) RESIDENCE No. 2793 Alameda Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane Ellen Wright

6 DATE OF BIRTH (month, day, and year) March 23, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work U. S. Secret Service

(b) General nature of Industry, business, or establishment in which employed (or employer) Govt

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER William Wright

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Jemima Parson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Jane Ellen Wright
(Address) 2793 Alameda Ave

15 Filed ..... 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1926, to Jan 29, 1926, that I last saw him alive on Jan 29, 1926, and that death occurred, on the date stated above, at 2 15 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? ~

Did an operation precede death? ~ Date of ~

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

I (Signed) Fred J Kinzey, M. D.
30, 1926 (Address) 2700 Hoffman Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL Feb 1 1926

20 UNDERTAKER H. Sander Sons Inc

ADDRESS 1710 Fleet St

FEB 1 1926 HAMPDEN JONES, M. D.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 06459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 06459

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 Puritan St ST. 137 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie M. Belt

(a) RESIDENCE. No. 730 Puritan St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Nov 21, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Amos M. Belt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bessie A. Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bessie A. Wilson Belt (Address) 730 Puritan St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 30, 1926, that I last saw h alive on Jan 30, 1926, and that death occurred, on the date stated above, at 8 40 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Sign

(Signed) H. M. Bailey, M. D.

, 19 (Address) 1101 Pulaski

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Feb 1 1926

20 UNDERTAKER: Chenoweth & Son — ADDRESS: 3615 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Stumer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06460

E 06460

CERTIFICATE OF DEATH.

REGISTERED NO. 2457

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

2-FULL NAME Fredrick J. Stumer

(a) RESIDENCE NO. 3405 Chestnut Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town und State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Stumer

6 DATE OF BIRTH (month, day, and year) May 10 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter mason

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Levi J. Stumer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Lydia Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) Univ. Hosp. Road

15 Filed FEB 1 1926 19 FRANK HAMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 13 1926 to Jan 31 1926.

That I last saw him alive on Jan 31st 1926,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Disease

Diabetes mellitus

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Jan 29 '26

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Edwin M. Polumbaum, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden DATE OF BURIAL Feb 3 1926

20 UNDERTAKER Ehenowith & Son ADDRESS 3617 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06461 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 06461

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1570 Richland ST. 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E Gray

(a) RESIDENCE No. 1570 Richland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 15 1853

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9 10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bozman Md

PARENTS

10 NAME OF FATHER Lewis Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont Know

14 Informant: Sam E Gray

(Address) 1570 Richland St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to Jan 30, 1926,

that I last saw h[illegible] alive on Jan 30, 1926,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver and stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos 27 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. H Phillips, M. D.

, 19 (Address) 2355 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bozman Md — DATE OF BURIAL: Feb 2 1926

20 UNDERTAKER: John J Fields — ADDRESS: 1200 W Lombard St

FEB 1 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06462

E 06462

45

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 5-2 WARD)

2-FULL NAME Alexander De Peppe

(a) RESIDENCE NO. 512 Ensor St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? 15 yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia De Peppe

6 DATE OF BIRTH (month, day, and year) 9/7-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	4	24 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectionary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Gaetano Depeppe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Camilla Mancini

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Giulia De Peppe (Address) 512 Ensor

15 Filed FEB 1 - 1926, 19 R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926 to Jan 30, 1926

that I last saw him alive on Jan 30, 1926

and that death occurred, on the date stated above, at 12²⁰ A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Splenic flexture of colon

(duration) yrs. several mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. several mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1-27-26

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Philip Jacobson M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 2/2, 1926

20 UNDERTAKER Geo J Ruth

ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06463

CERTIFICATE OF DEATH.

E 06463

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital WARD)

2-FULL NAME Henry Schuhmacher,

(a) RESIDENCE NO. Deep Creek & Eastern Ave. ST., WARD) Essex, Md.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. 4 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	(Widower)

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary

6 DATE OF BIRTH (month, day, and year) 3/12 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired,

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Philip Schuhmacher

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant St. Joseph's Hospital Records
(Address)

15 Filed 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30th 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 26th, 1926, to Jan. 30th 1926.

that I last saw him alive on Jan. 30th 1926

and that death occurred, on the date stated above, at 7.00 P.M.

The CAUSE OF DEATH* was as follows:

① Epithelioma of Bladder, Metastasis Abdomen

② Pyelo-Nephritis.

(duration) yrs. 8 mos 7 ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) B. M. Rhoda, M. D.

1/30 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem — DATE OF BURIAL 2/3 1926

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Hartford Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 1926 HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 06464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159-002

159 E 06464

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1532 Carroll (Carswell) ST., 9-3 WARD)

2-FULL NAME Robert Danz

(a) RESIDENCE No. 1532 Carroll st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 14/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	—	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Jesse Danz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Sadie White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Jesse Danz. (Address) 1532 Carroll st

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1925 to Jan 31 1926, that I last saw him alive on Jan 31 1926 and that death occurred, on the date stated above, at 4:30 P m

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Thymus Dysfunction

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? Date of 0

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. J. Kinzer, M. D.

Feb 1, 1926 (Address) 2700 Hoffman Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Feb 2 1926
20 UNDERTAKER	ADDRESS
George F. Rutter	1735 Hoffman

FEB 1 1926 BY HAMPSON GRAVES, M. D.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1921—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06465

CERTIFICATE OF DEATH.

E 06465

1887 85 101-21

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 9-5

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Ellis

(a) RESIDENCE No. 1913 Somerset ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael

6 DATE OF BIRTH (month, day, and year) Dec 12 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Frank Ellis

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Patterson

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

FEB 1 1926 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 5th 1926 to Jan 29th 1926, that I last saw h[illegible] alive on Jan 29th 1926, and that death occurred, on the date stated above, at 5.25 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) acute Endocarditis, acute meningitis

(duration) yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? Md

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? ....

(Signed) Chester S Keefer M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel — DATE OF BURIAL 2-1 1926

20 UNDERTAKER Franklin W Seitz — ADDRESS 709 W 33 St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 4102 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06466

CERTIFICATE OF DEATH.

E 06466

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. 15-12-90

CITY OF BALTIMORE: (No. ____ St., ____ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilary Roberts

(a) RESIDENCE NO. 1846 Lanman ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, ~~Married~~, Widowed, ~~or Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year): April 18th 1913

7 AGE: Years 12 | Months 9 | Days 15 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer): ____
(c) Name of employer: ____

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Charles Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ____, 19 ____ Registrar

FEB 1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18th, 1925, to Jan. 30th, 1926, that I last saw h[er] alive on Jan. 30th, 1926, and that death occurred, on the date stated above, at 7. a. m.

The CAUSE OF DEATH* was as follows:

Chronic rheumatic endocarditis
Mitral Stenosis + Insufficiency

(duration) 2 yrs. ____ mos ____ ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency
Anemia, Pulmonary (duration) ____ yrs. 3 mos. ____ ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A W Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 3rd 1926

20 UNDERTAKER: A. Jones — ADDRESS: 111 S. Gilmor St

CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-2i—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06467. E 06467.

CERTIFICATE OF DEATH.

Aug T 12

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Beulah & Forest Aves. WARD 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac M. Oppenheimer

(a) RESIDENCE NO. Beulah & Forest Aves. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 29, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesale 045

(b) General nature of industry, business, or establishment in which employed (or employer) Jewelry

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Moses J. Oppenheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Eigenbrun

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Louis Fox (Address) Beulah & Forest aves

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M.D.

FEB 1 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/ 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1927, to Jany 30, 1926, that I last saw him alive on Jany 30, 1926 and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Symptoms (duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Uraemia (duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

Jan 30, 1926 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem. DATE OF BURIAL 2/1/ 1926

20 UNDERTAKER David Sondheim ADDRESS 1012 W. Mt. Royal Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Edith Young

HEALTH DEPARTMENT—CITY OF BALTIMORE

96468

CERTIFICATE OF DEATH.

129 E 06468

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 Argyle ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Young

(a) RESIDENCE NO. 1534 Argyle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Young

6 DATE OF BIRTH (month, day, and year) Nov. 16-1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
44		2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Minor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Winifred Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Eugene Minor

15 (Address) 1534 Argyle

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 26 1926

17 I HEREBY CERTIFY, That I attended deceased from January 26 19 26 to January 26 19 26

that I last saw h[illegible] alive on January 27 19 26

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Wm E. Brown, M. D.

1926 (Address) 106 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB - 1926 C. HAMPSON JONES, M.D.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

E 06469

1-PLACE OF DEATH Baltimore City Hospitals 15-13 Registered No.....

City of BALTIMORE: (No. Bay View ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Porter

(a) Residence No. 130 ½ North Stricker St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black.

5-Single, Married, Widowed, Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1871

7-AGE. 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Maryland.

PARENTS.

10-NAME OF FATHER, Walter Smothers

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Laura Carter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

Baltimore City Hospitals

15-

Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 29-26.

I HEREBY CERTIFY, That I attended deceased from April 4- 1925 to Jan 29 1926

that I last saw h[illegible] alive on Jan 29 1926

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rt Ovary c Generalized Metastases

Dr. 410 months

Sparke Paralysis of Bilateral Extremities from

Hx of 7th Cervical Pott's Duration—Unknown (Stated 30 yrs.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Lab Facts

(Signed) Jno. P. Clough Jr. M.D.

Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Zion Cemetery	Feb 1 1926
20-UNDERTAKER. Mrs Jas H. Dennis per F E Nelson	ADDRESS 1303 Presstman St

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06470

CERTIFICATE OF DEATH.

129

E 06470

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1509 Calhoun ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mame Burley

(a) RESIDENCE NO. 1509 Calhoun ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Thomas E Burley

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Joshua Hemsley

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Harriet Chew

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mame Gordon
(Address) 1509 Calhoun

15 Filed ....., 19 .....

KK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 30, 1926, that I last saw h[illegible] alive on Jan 29, 1926, and that death occurred, on the date stated above, at 3.15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Frey, M. D.

1/31, 1926 (Address) 1728 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge md.	Feb 1 1926
20 UNDERTAKER mcGas H. Dennis per T. E. Nelson	ADDRESS 1303 Pennsylvania Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06471

CERTIFICATE OF DEATH.

E 06471

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N. Fulton Ave. ST., 19-1 WARD)

2-FULL NAME Mary T. Rust,

(a) RESIDENCE No. 5 N. Fulton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of William D. Rust,

6 DATE OF BIRTH (month, day, and year) June 9. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Daniel K. Shane,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah Loane,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant L. Oscar Rust

(Address) 5 N. Fulton Ave

15 Filed ..., 19 ... Registrar

C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 31 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 19 26, to Jan 31, 19 26,

that I last saw h alive on Jan 31, 19 26,

and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrulation

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) M. J. Hanna M. D.

1/31, 19 26 (Address) 1822 W Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Loudon Park

DATE OF BURIAL FEB 2 - 1926 19

20 UNDERTAKER Geo W. Little

ADDRESS 2300 EDMONDSON AVE

81 - 1926

Spec.—1-12-23—M&T—500 Bks.

E 06472 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06472

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City (Sts.) 1-W (WARD) Hospital

2-FULL NAME Lawrence Wagner or Wagenes Vengel

(a) RESIDENCE No. 1221 S. Decker Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? Unknown

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) August 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45				

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Ignace Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Marie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Hosp Records

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1925 to Jan 30, 1926, that I last saw him alive on Jan 30, 1926, and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Laryngitis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin findings

(Signed) W D McFarland M. D.

Jan 30 1926 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Independence Russian DATE OF BURIAL Feb 2 1926

20 UNDERTAKER John Grebliauskas ADDRESS 426 S Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB - 1926 HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

E 06473

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06473

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 Forest ST. 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Brooden

(a) RESIDENCE NO. 221 Forest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mr. Louise Brooden (Address) 221 East St.

15 Filed ....., 19 K/C Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 29, 1926, that I last saw h alive on Jan 29, 1926, and that death occurred, on the date stated above, at 8-30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wlloyd Burns, M. D.

Jan 30, 1926 (Address) 2017 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL Feb 1 1926

20 UNDERTAKER Chas. H. Johnson — ADDRESS 416 N. Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 06474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 06474

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1213 Myrtle ST., 17-1 WARD)

2-FULL NAME Joseph A. Floyd.

(a) RESIDENCE NO. 1213 Myrtle Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary G. Lloyd

6 DATE OF BIRTH (month, day, and year) Mch. 14-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER not stated

11 BIRTHPLACE OF FATHER (city or town) (State or country) not stated

12 MAIDEN NAME OF MOTHER not stated

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not stated

14 Informant Mary G. Lloyd (Address) 1213 Myrtle Ave.

15 Filed ....., 19 ..... BY ..... Registrar

FEB 1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1926, to Jan. 29, 1926, that I last saw ~~him~~ alive on Jan. 28, 1926 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Interstitial Broncho-Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No What test confirmed diagnosis? Laboratory Findings

(Signed) Wm. J. Camalier Jr. M. D.

Jan. 31, 1926 (Address) 5 E. Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Feb. 1 1926

20 UNDERTAKER Jno. McJohnson — ADDRESS 284 E. Lanvale St.

Spec.—1-10-21—M&T—1500 Blks.

E 06475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 06475

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1035 S Third ST., 26-8 WARD)

2-FULL NAME James W. Wood.

(a) RESIDENCE NO. 1035 S Third ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Wood.

6 DATE OF BIRTH (month, day, and year) Sept 25 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	84.	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs E L Thompson (Address) Havre de Grace Md

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 24 1926 to Jan 31 1926, that I last saw him alive on Jan 30 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) general arterio-sclerosis

(duration) many yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. J. Denton, M. D.

, 19 (Address) 3025 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Havre de Grace Md	FEB-1 1926
20 UNDERTAKER Pennington & Son	ADDRESS Havre de Grace Md.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imprtant. See instructions on back of certificates.

FEB 1 1926

Spec.—1-1041 M&T 1500 Bks.

188435

E 06476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06476

CERTIFICATE OF DEATH.

REGISTERED NO. 188435

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., (Ward) 8-4

2-FULL NAME Wilbur Coleman -

(a) RESIDENCE NO. 1907 Hanover Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col.	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 2, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	21	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Geo Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Frances Pinkett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23rd, 1926, to Jan 25th, 1926, that I last saw h[illegible] alive on Jan. 25th, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Meningitis, Pneumococcus

(duration) 2 yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johns Hopkins Hospital — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 lbs.

E 06477.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 E 06477.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 Division ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A. Farrell

(a) RESIDENCE NO. 317 Division ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. Prescribed blanks must be used. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Farrell

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Undertaker do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charles Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Farrell

11 BIRTHPLACE OF FATHER (city or town) Charles Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Rachel Foster

13 BIRTHPLACE OF MOTHER (city or town) Charles Co. (State or country) Md.

14 Informant Blanche Farrell

(Address) 231 Division St.

15 Filed ....., 19 .... RK Registrar

FEB 1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/29 19 26

17

I HEREBY CERTIFY, That I attended deceased from 1/26, 19 26, to 1/29, 19 26,

that I last saw h alive on 1/29, 19 26

and that death occurred, on the date stated above, at 3:55 m

The CAUSE OF DEATH* was as follows:

Ac. Nephritis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pyaemia + Phlebitis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Byron Stuart, M. D.

1/29, 19 26 (Address) 1320 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lion Cemetery

DATE OF BURIAL Feb 3 1926

20 UNDERTAKER Mrs. Katie R Williams

ADDRESS 322 N. Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

E 06478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 E 06478

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3903 Bonner Rd ST. 15-4 WARD)

2-FULL NAME Abraham H. Winner

(a) RESIDENCE No. 3903 Bonner Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	86	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Eli Winner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida U.K.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Herman Winner

(Address) 3903 Bonner Rd

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1926, to Jan. 31, 1926,

that I last saw h alive on Jan. 31, 1926

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

2 days (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) M. S. Schwartz, M. D.

1/31, 1926 (Address) 3101 Gwynn Oak

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Hering Run

DATE OF BURIAL 2/1 19 26

20 UNDERTAKER A. J. Linson & Bro

ADDRESS 1127 E Balt St

N. B.—WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. PHYSICIANS should state carefully and accurately all information called for. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 10 1926

Spec.—1-10-21—M&T—1500 Bks.

E 06479

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06479

CERTIFICATE OF DEATH.

46

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1443 Eastern ave ST. 3-4 WARD)

2-FULL NAME Lena Freifeld

(a) RESIDENCE No. 1443 Eastern ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 30 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Freifeld

6 DATE OF BIRTH (month, day, and year): aug 17-1879

7 AGE — Years: 46 47 — Months: 5 — Days: 14 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Father a. Liff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Louis Freifeld

(Address): 1443 Eastern ave

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8, 19 25, to Jan 31, 19 26,

that I last saw h er alive on Jan 30, 19 26,

and that death occurred, on the date stated above, at 10 30 9 m.

The CAUSE OF DEATH* was as follows:

Nephritis - Carcinoma of Cervix Uterus

(duration) yrs. 10 mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & X Ray

(Signed) C. F. Blake, M. D.

31, 19 26 (Address) 20 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hebrew Rest

DATE OF BURIAL: 2/1 19 26

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Baltimore St

HAMILTON JONES, M. D.

N. B. WRITE LEGIBLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 06480

CERTIFICATE OF DEATH.

E 06480

1-PLACE OF DEATH ~~HOSP~~ 501 Oakland ave 4

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 4 WARD)

2-FULL NAME Elizabeth Hurwitz

(a) RESIDENCE NO. Same ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: W
5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband dead

6 DATE OF BIRTH (month, day, and year): May 16, 1844

7 AGE — Years: 81 — Months: 8 — Days: 17 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: Levi Edlavitch
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Sarah –
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Louis 1439 Edlavitch

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1924, to Jan 22, 1926, that I last saw her alive on Jan 22, 1926, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:
Acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma Rectum

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ernest S Edlavitch M. D.

2/1, 1926 (Address) 2401 Brookfield Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rodeheaver Hebrew Rims — DATE OF BURIAL 2/1 1926

20 UNDERTAKER: Jack Levis 1439 Edlavitch Ave — ADDRESS

FEB 1 1926

N. B. WRITE PLAINLY. All questions must be answered. AGE should be stated EXACTLY. PHYSICIANS should be carefully supplied

Spec.--1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06481 CERTIFICATE OF DEATH. X 12 E 06481

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Willenski

(a) RESIDENCE No. Aberdeen, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 1 mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	w	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Willenski

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Aaron Willenski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Aaron Willenski

(Address) Aberdeen Md.

15 Filed FEB 1 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-30 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1925, to Jan 30, 1926, that I last saw her alive on Jan 30, 1926, and that death occurred, on the date stated above, at 11.20 A. m.

The CAUSE OF DEATH* was as follows:

Hypertension
Cardiac hypertrophy & Dil.
Chr. nephritis.

(duration) — yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Victor Jellinek, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem. DATE OF BURIAL 2/1 1926

20 UNDERTAKER Jack Levis ADDRESS 1439 E Balto

THOMPSON JONES, M. D.

N. B.—WRITE PLAINLY, WITH ORDINARY INK. Every question should be answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06482

11-001

CERTIFICATE OF DEATH.

E 06482

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Oak ST. 17-3 WARD)

2-FULL NAME Mary E. Birkey

(a) RESIDENCE NO. 2109 Oak ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. ALL QUESTIONS MUST BE ANSWERED. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 7-1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER James Barry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Ann E. March

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Annetta Cox

(Address) 2109 Oak st

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926, to Jan 30, 1926.

That I last saw h[illegible] alive on Jan 30, 1926.

and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Bronchial)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) T. A. Woolford M. D.

1926 (Address) 1216 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem

DATE OF BURIAL Feby 1 1926

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1941 W. Northan

Cor.—1-12-23—M&T—100 Blks.

E 06483 HEALTH DEPARTMENT—CITY OF BALTIMORE 100 001

E 06483

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1946 Herbert ST. 15-W WARD)

2-FULL NAME John Koehlerschmidt

(a) RESIDENCE (Usual place of abode) No. 1946 Herbert ST., WARD

Length of residence in city or town where death occurred 54 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary E. Stouse

6 DATE OF BIRTH (month, day, and year) June 7-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Enamelware
(c) Name of employer Kenwr Hagerty

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Henry Koehlerschmidt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie Charlott

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Mary E. Koehlerschmidt
(Address) 1946 Herbert st

15 Filed ..... 192 ..... Registrar RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1926

17 I HEREBY ~~CERTIFY~~. That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchs. Pneumonia

(duration) 1 yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) G. E. Blades, M. D.
(Coroner.)

Jan 31 192 (Address) 1434 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Febry 2 1926

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1944 W. Northern

INSTRUCTIONS—Should be Carefully Supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 06484

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06484

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged, Mens Home 14-1 St.; Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jos. H Higby

(a) RESIDENCE. No. 1400 W. Lexington St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Wht	Widr

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 15, 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pile Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel Higby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn

12 MAIDEN NAME OF MOTHER Mary Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mr. J B Evans

(Address) Morton

15 Filed 19 R.K. Registrar

FEB 1 - 1926 S. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 27 1926, to Jan 31, 1926, that I last saw h alive on Jan 31, 1926, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Fulm. Acute

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F J Monwood, M. D.

Feb 1 19 26 (Address) 909 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet — DATE OF BURIAL: Feb 3 1926

20 UNDERTAKER: George J Smith — ADDRESS: 153 Hollins

A. B.—WHITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. In all cases where information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 06485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 06485

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1500 W Fayette ST. 19-1 WARD)

2-FULL NAME Edna Mae Carter

(a) RESIDENCE No. 1500 W Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Sing'l

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-11-24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER John B Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Lola M Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John B Carter
(Address) 1500 W Fayette St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to Jan 30, 1926.

That I last saw her alive on Jan 30, 1926,

and that death occurred, on the date stated above, at 8 25 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Broncho

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Livingston, M. D.

, 19 (Address) 1017 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Feb 1 1926

20 UNDERTAKER H. M. Cook — ADDRESS 502 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 1 1926 HAMPDEN JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

E 06486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 06486

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 S. Gilmore ST. 14-2 WARD)

2-FULL NAME Susan S. Fabde

(a) RESIDENCE NO. 225 S. Gilmore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EACH ITEM should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPA- that it may CAUSE OF DEATH in plain terms, so TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charley

6 DATE OF BIRTH (month, day, and year) Jan. 16, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	—	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James F. Fabde

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine McCubbin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Howard Worthington
(Address) 225 S. Gilmore St.

15 Filed ..... , 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 29th, 1926, to Jan 30th, 1926.

that I last saw h[illegible] alive on Jan 30, 1926

and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J H Carrick, M. D.

, 19 (Address) 412 N Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Sec 2 — DATE OF BURIAL 1926

20 UNDERTAKER H Mc Cormick & Son — ADDRESS 502 E Fayette

B 1-1926 C HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06487

CERTIFICATE OF DEATH.

12 9 E 06487.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3019 Greenmount Ave ST., 43 WARD)

2-FULL NAME Ella G Muir

(a) RESIDENCE No. 3019 Greenmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George P Muir

6 DATE OF BIRTH (month, day, and year) Jan 21 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of Industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co Md

PARENTS

10 NAME OF FATHER James Draper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co Md

12 MAIDEN NAME OF MOTHER Annie Jenkins

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Talbot Co Md

14 Informant George P Muir

(Address) 3019 Greenmount Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1926, to Jan 30th, 1926, that I last saw him alive on Jan 27th, 1926, and that death occurred, on the date stated above, at 6 50 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Coma

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo Upshur Brady M. D.

1/30 1926 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pikesville Natl Cem	Feb 3 1926

20 UNDERTAKER Williams Bal 502 E North Ave ADDRESS

Dr Gabriel, 2413 St Paul St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06488

CERTIFICATE OF DEATH.

124 E 06488

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 437 East 25th ST. 17th WARD)

2-FULL NAME Annie R. Brown

(a) RESIDENCE NO. 437 E 25th ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J Brown

6 DATE OF BIRTH (month, day, and year) Jan 27. 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Benjamin Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Agretta Rapple

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Charles W. Brown

(Address) 437 East 25th St

15 Filed ..... 19 ..... Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to Jan 31, 1926,

that I last saw h[illegible] alive on Jan 30, 1926

and that death occurred, on the date stated above, at 3 25 a m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Jaundice

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C. T. Gabriel M. D.

, 19 (Address) 2413 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Feb 2 1926

20 UNDERTAKER W. Cook — ADDRESS 502 E Madison

FEB 1 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06489 — 24-001 — E 06489

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3135-Abell-Av. ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME LULA SMITH

(a) RESIDENCE NO. 3135-Abell-Av. ST., 12 WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? 57 yrs. 2 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Smith

6 DATE OF BIRTH (month, day, and year) Nov-21-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Iceman

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mathilda Smith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Mamie H. Wagner (daughter)
(Address) 3135-Abell-Av., City.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, that I attended deceased from Jan 24, 1926, to Jan 31, 1926, that I last saw h[illegible] alive on Jan 31, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. K. Campbell M. D.

Jan 31, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: DRUID RIDGE CEMETERY — DATE OF BURIAL: Feb-2-26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06490

CERTIFICATE OF DEATH.

90 E 06490

8-4

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216-N-Montford-Av. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John James Lewis

(a) RESIDENCE No. 1216-N-Montford-Av. ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 1 mos. 22 ds. How long in U. S., if of foreign birth? 44 yrs. 1 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnus Pohlhaus Lewis

6 DATE OF BIRTH (month, day, and year) Dec-8-1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	44	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Industry

(c) Name of employer Fayette Boot Shop.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John James Lewis

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Harriet

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Agnus P. Lewis (wife)
(Address) #1216-N-Montford-Av., City.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 30 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 19 26, to January 30 19 26,

that I last saw him alive on January 29, 19 26

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Ulcus Rejunctivum (Decompensatum

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Ulcus Rejunctivum

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos Fa Lewis, M. D.

1/30 19 26 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
LOUDON PARK CEMETERY	Feb-2-26
20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)	ADDRESS 108 W. NORTH AVE

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R
mation should be carefully supplied. AGE should be stated EXACTLY
CAUSE OF DEATH in plain terms, so that it may be properly classified. E
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06491

E 06491

E 06491

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4101 Groveland Ave. ST. 28-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Martin Russell

(a) RESIDENCE NO. 4101 Groveland Ave. ST., ... WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? 79 yrs. 9 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. L. Russell

6 DATE OF BIRTH (month, day, and year) June-13-1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

(c) Name of employer ..... None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Lewis Helm

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Charlotte Martin

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Mr. Walter Bell
(Address) 4101 Groveland Ave.

15 Filed ..... 19 ..... Registrar

FEB 1 1926 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-28 1925, to 1-28 1926, that I last saw h[er] alive on 1-28 1926, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Acquired) following influenza.

(duration) Pneumonia 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ..... yrs. ..... mos. 21 ds.

18 Where was disease contracted if not at place of death? Patient's home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptomatic

(Signed) Anna Russell M. D.

1-28 1926 (Address) 3902 Groveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Feb-3-26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of occ CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 06492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3/ E 06492

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 23-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Scott

(a) RESIDENCE NO. 122 Ropewalk Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT AND MUST BE FILLED OUT COMPLETELY. PHYSICIANS should state cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not stated

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: C. Warburg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Lucy Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 29, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1925, to Jan. 29, 1926, that I last saw h alive on Jan. 29, 1926, and that death occurred, on the date stated above, at 12.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unkn yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical findings

(Signed) Norman Kane Jr. M. D.

1-29-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Furnace Branch

DATE OF BURIAL: Feb 1 1926

20 UNDERTAKER: J. L. Brown & Son

ADDRESS: 1201 Mitchell St

FEB 1 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06493

CERTIFICATE OF DEATH.

31 E 06493

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 S Eden St ST. 31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Dropp

(a) RESIDENCE NO. 426 S Eden St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Dropp,

6 DATE OF BIRTH (month, day, and year): July 6th 1856

7 AGE: Years 69. Months 6 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: City Employ

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Phillip Dropp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Cundugda Buhm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Christian Dropp 2174 Woodbury Ave

15 Filed FEB 1 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1926, to Jan 29, 1926, that I last saw h[illegible]ive on Jan 29, 1926, and that death occurred, on the date stated above, at 2 00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? [illegible] Date of

Was there an autopsy? [illegible]

What test confirmed diagnosis? [illegible]

(Signed) John D Fick M. D.

1/30 1926 (Address) 4365 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feby 1 1926

20 UNDERTAKER: Wendell Wippel & Son — ADDRESS: 378 Mo Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

06494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 E 06494

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 E. Fairmount ave ST., 26-5 WARD)

2-FULL NAME John H. Brough

(a) RESIDENCE NO. 3205 Fairmount av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX [redacted]

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 13. 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER James Brough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eng.

12 MAIDEN NAME OF MOTHER Jane Brough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant [redacted] (Address) [redacted]

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 28 1926.

That I last saw him alive on Jan 28, 1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Senilities.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Kent Smiley M. D.

(Address) 2938 E. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL Apr 1 1926

20 UNDERTAKER John A Moran

ADDRESS 3600 E. B.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

FEB 15 1926

Spec.—1-10-21—M&T—1500 Bks.

E 06495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

E 06495

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Baulding ST. 26-5 WARD)

2-FULL NAME Laura F Klembeck

(a) RESIDENCE NO. 142 S Baulding ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Klembeck

6 DATE OF BIRTH (month, day, and year) May 25-1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

PARENTS

10 NAME OF FATHER William Teagle

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Lowe

13 BIRTHPLACE OF MOTHER (city or town) Philadelphia

(State or country)

14 Informant (Address) John Dembek 142 S. Baulding St.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-27, 1926, to 1-31, 1926, that I last saw h[illegible] alive on 1-31, 1926, and that death occurred, on the date stated above, at 2:40 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No .....

What test confirmed diagnosis? Pneumococcus

(Signed) Isaac A Strauss, M. D.

, 19 (Address) 220 Lit Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia, Pa.

DATE OF BURIAL Feb 4th 1926.

20 UNDERTAKER M J. Dadowski

ADDRESS 705 N. Gay

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

E 06496

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06496

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 14-1 WARD)

2-FULL NAME James Hutchinson

(a) RESIDENCE NO. St. Vincent's Infant Asylum ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — ddo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Sykesville (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Sister Dora
(Address) St. Vincent's Infant Asylum

15 Filed ....., 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1926, to Jan 29, 1926, that I last saw him alive on Jan 29, 1926, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? U. of Md. Hosp

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

1/31, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 2/1 1926

20 UNDERTAKER Martin Fahey Sons — ADDRESS 1827 N. North ave

C. HAMPSON JONES, M.D.

FEB 1 1926 Per

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06497.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06497.

CERTIFICATE OF DEATH.

11-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 4 E Preston ST., 11-1 WARD)

2-FULL NAME James Griffith Lockard

(a) RESIDENCE NO. 4 E Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marion R. Lockard

6 DATE OF BIRTH (month, day, and year): June 30 1855

7 AGE: Years 70 Months 7 Days 1 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Western Md Dairy

(c) Name of employer: Carroll Co.

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James Lockard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md

12 MAIDEN NAME OF MOTHER: Rose Mathias

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Md

14 Informant (Address): Mrs Marion R. Lockard 4 E Preston St.

15 Filed ..... 19 ..... Registrar

FEB 1 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1926, to Jan 31, 1926, that I last saw him alive on Jan. 31, 1926, and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency. 18 hours.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Influenza - Lafebrile. (duration) yrs. mos 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) G. Carroll Lockard M. D.

Jan 31 1926 (Address) 4 E Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 2nd 1926

20 UNDERTAKER: Latham & Love

ADDRESS: 1723 N Howard St

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-1021-M&T—1500 Bks.

E 06493

Dare.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 2501 E 06493

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1215 Argyle Ave ST., 17-1 WARD)

2-FULL NAME Robert Dare

(a) RESIDENCE NO. 1215 Argyle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

1675

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 31 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	51	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Eva Burks

(Address) 133 Owanhaus Ave.

15 Filed ..... 19 ..... Registrar

FEB 1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1926, to Jan 30, 1926, that I last saw him alive on Jan 30, 1926 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) W. A. Stokes, M. D.

, 19 (Address) 1300 Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Cem. Md. DATE OF BURIAL Feb 2 1926

20 UNDERTAKER Arnold Conrad ADDRESS 94 Penn

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—1-12-26—M&T—100 Blks.

E 06499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66E 06499

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Cigy Jail. ST. 15-13 WARD)

2-FULL NAME Earl Henson.(C)

(a) RESIDENCE NO. 1418 N.Vincent St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 18,1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	3	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore,Md.

PARENTS

10 NAME OF FATHER William H.Henson.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore,Md.

12 MAIDEN NAME OF MOTHER Ida Thomas.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore,Md.

14 Informant Lillie M.Henson.(C) sister
(Address) 1408 N.Bruce St.

15 Filed FEB 1 - 1926, 192 PK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Feb. 1, 1926 192 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Feb 1, 1926

20 UNDERTAKER David Easton ADDRESS 918 Pennsylvania

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

MARGIN RESERVED FOR INDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06500

CERTIFICATE OF DEATH.

101

REGIS

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Parrish ST. 16-6 WARD)

2-FULL NAME Pauline Jones

(a) RESIDENCE NO. 915 Parrish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 8-1923

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	2	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nn 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Wade Jones

PARENTS

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Viola Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rudolf Hall (Address) 915 Parrish St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29-1926

17 I HEREBY CERTIFY, That I attended deceased from 1-28-, 1926, to 1-29-, 1926, that I last saw h[illegible] alive on 1-28-, 1926, and that death occurred, on the date stated above, at 7 [illegible]

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 d

CONTRIBUTORY (Secondary) Cold (duration) yrs. mos. 3

18 Where was disease contracted if not at place of death? 915 Parrish

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W H Boyle Cor

, 19 (Address) 1615 Caton

*State the Disease Causing Death, or in deaths from Violent state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF [illegible] ADDR[illegible]

20 UNDERTAKER Wm Carson 6[illegible]

Spec.—1-10-21—M&T—1500 Blks.

E 06501

HEALTH DEPARTMENT—CITY OF BALTIMORE

32 E 06501

CERTIFICATE OF DEATH.

1-PLACE OF DEATH MARTHA DOBSON

CITY OF BALTIMORE: (No. University Hospital ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Dobson

(a) RESIDENCE NO. 670 Bradley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 16 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 11-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	16 5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) –

(c) Name of employer –

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Dobson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha Chappes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John Dobson (Address) 670 Bradley st

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31st 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 21st, 1926, to Jan. 31st, 1926, that I last saw her alive on Jan. 31st, 1926, and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam. Spinal Punctures

(Signed) R L Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL Feb 1/1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Pa ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE REQUIRES TYPEWRITTEN RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 1 - 1926 HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 06502 HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 06502

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Incurables Home

CITY OF BALTIMORE: (No. 2100 E. Pratt ST. 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rena Katzen

(a) RESIDENCE NO. 1919 E. Pratt ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Solomon Katzen

6 DATE OF BIRTH (month, day, and year): 1851

7 AGE: Years 75; Months; Days; If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Roumania

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Roumania

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Roumania

14 Informant (Address): Josiah Katzen (Son) 3463 Cottage Ave.

15 Filed ....., 19 ..... Registrar

FEB 1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-1- 1926

17 I HEREBY CERTIFY, That I attended deceased from October, 1925, to Jan 31, 1926, that I last saw h[illegible] alive on Jan 31, 1926, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Samuel Hochstrasser, M. D.

, 19 (Address) 1810 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 2/1/ 1926

20 UNDERTAKER: Jack Lewis 1439 E. Balt — ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. F-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06503

E 06503

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 5-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rena Rosen.

(a) RESIDENCE NO. 125 N. Central ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	5			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Rosen

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Anna Lafayette

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1st 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 28th 1926 to Feb. 1st 1926.

that I last saw h[illegible] alive on Feb 1st 1926.

and that death occurred, on the date stated above, at 5:10 a. m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis
Acute Osteo-Myelitis
Septicemia (Staphylococcus aureus)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute Osteo-Myelitis-tibia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 125 N. Central Ave.

Did an operation precede death? Yes Date of Jan 28/26

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

2/1, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn

DATE OF BURIAL 2/1 1926

20 UNDERTAKER Jas R. Lewis

ADDRESS 1439 Eutaw

FEB 1 1926 HAMPSON JONES, M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06504 E 06504

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1912 Lord St. St. 136 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Delia Buckley

(a) Residence No. 1912 Lord St. St., Ward

(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single,~~ Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Buckley

6-DATE OF BIRTH (month, day and year) Not Known 1871

7-AGE, 54 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer). 037

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS:

10-NAME OF FATHER, Martin Keady

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-

(Informant) William Buckley

(Address) 1912 Lord St.

15-

Filed ..., 192.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 31st 1926

17- I HEREBY CERTIFY, That I attended deceased from June 15th, 1925 to Jan 31st, 1926

that I last saw h. alive on Jan 31st, 1926,

and that death occurred, on the date stated above, at 12.45 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos Reeves M. D.

, 19 (Address) 28 W. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Peters Cem. DATE OF BURIAL. Feb 2nd 1926

20-UNDERTAKER. John F. Cowan & Son (Est Jos F Cowan) ADDRESS 90 Holliday St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 1 1926 HAMPSON JONES, M. D.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06505

CERTIFICATE OF DEATH.

125 E 06505

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Hopkins "ospital ST. 14-1 WARD)

2-FULL NAME Herman Smith

(a) RESIDENCE NO. 560 Wilson St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: u known

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: unknown
(b) General nature of industry, business, or establishment in which employed (or employer): 087
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Probably Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Hopkins Hospital
(Address)

15 Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 12/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Pancreatitis

(Autopsy at Hopkins)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) 2 yrs. ..... mos. ..... ds.

(Signed) J. S. Collins M. D.
(Coroner.)

1/20/26, 192 (Address) 508 E. north ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: C. Hanson Johns Hopkins Hospital

DATE OF BURIAL: Jan 30 1926

20 UNDERTAKER

ADDRESS

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33

FEB 1 1926

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06506

E 06506 Balto. City Hospitals

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH Baltimore City Hospitals 22-2

City of BALTIMORE: (No. Eastern Ave. Extended St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fanny Lees

(a) Residence No. 118 Hughes St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1903

7-AGE: 23 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Cambridge Md.

PARENTS.

10-NAME OF FATHER: John Lee

11-BIRTHPLACE OF FATHER (city or town) (State or Country): ?

12-MAIDEN NAME OF MOTHER: ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): ?

14- (Informant)

(Address)

15- Filed ..... 192.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 23, 1926

17- I HEREBY CERTIFY, That I attended deceased from 12-26 1925 to 1-23 1926

that I last saw h21 alive on 1-23 1926

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Pelvic Abscess. Right Side. Left Sided Salpingitis & Bilateral Cystic Ovaries

(Duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan. 15 1926 Bilateral Salpingectomy

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Appearance

(Signed) Ina F. Chaney M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL, Jan 30, 1926

20-UNDERTAKER.

ADDRESS

FEB 1 1926 HAMPSON JONES, M. D., Commissioner Health

N. B.—WHITE CARDS, MARRIED, should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06507

CERTIFICATE OF DEATH.

17-2 31

REGISTERED NO. E 06507

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roy Robinson

(a) RESIDENCE NO. 517 Numsen st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER C. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia ?

12 MAIDEN NAME OF MOTHER Bessie Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia ?

14 Informant Hospital Records

(Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1925, to Jan. 25, 1926, that I last saw him alive on Jan. 25, 1926, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis Clinical findings

(Signed) Wm McCann M. D.

1-25, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL Jan 30 1926

20 UNDERTAKER

ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND

Cor.—12-9-25—A Co.—200 Bks.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06508

CERTIFICATE OF DEATH.

11-002

E 06508

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1937 E. North Ave St. ~~8~~ 2 Ward)

2-FULL NAME Sarah C. Diffenback

(a) RESIDENCE NO. ~~1937 E. North Ave~~ St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of RICHARD Diffenback

6 DATE OF BIRTH (month, day, and year) July 18/187[illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	6	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home 07
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Jacob Taylor

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Sarah Burton

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto. Md

14 Informant Mrs. Marian Tyson
(Address) 1500 Cliftview Ave

15 Filed _____ 19 _____ RH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Faipure

Influenza 4 days duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) J. H. Culver, M. D.
(Coroner)

1/30/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Feb. 2 1926

20 UNDERTAKER Richard F. Curley ADDRESS 624 Wash. St.

Spec.—1-10-21—M&T—1500 Rms.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06509

E 06509

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Hollins ST. 14-1 WARD)

2-FULL NAME William C. Clay.

(a) RESIDENCE NO. 1428 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Clay

6 DATE OF BIRTH (month, day, and year): Sept 3, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jno W. Clay

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Emma Clay

(Address) 1428 Hollins

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 31, 1926,

that I last saw h[illegible] alive on Jan 31, 1926,

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

L. Grip.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary): Apoplexy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Robert Keech, M. D.

Jan 31, 1926 (Address) 305 N. Calhoun St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feb 3, 1926

20 UNDERTAKER: George J. Smith — ADDRESS: 1532 Hollins St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ETC. ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O... TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 06510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06510

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Fayette & Price ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Doonan

(a) RESIDENCE NO. 676 N. Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... old state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	54	1	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) City
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John F. Doonan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Farron

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant (Address) Jas. Gettley 1534 Stirling St

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) Yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) Yrs. mos. 1 ds.

(Signed) H. G. E. Yates, M. D.
(Coroner)

Jan 28, 192 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral DATE OF BURIAL 1/31 1926

20 UNDERTAKER J. J. Moran ADDRESS 300 E. Biddle

FEB 1926 C. HAMPSON JONES, M. D. Par

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06511

E 06511

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1619 Friendsbury ST. 15-12 (WARD)

2-FULL NAME Adele K. Schumacher

(a) RESIDENCE No. 1619 Friendsbury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard E. Schumacher

6 DATE OF BIRTH (month, day, and year): Oct. 7 1898

7 AGE — Years: 27 — Months: 3 — Days: 24 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Richard R Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Klarmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Morris C. Moore

(Address): 614 Bruce St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1922, to Jan 31, 1926.

that I last saw h alive on Jan 31, 1926.

and that death occurred, on the date stated above, at 11 30 A.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray & Physical Sign

(Signed) M. D.

, 19 (Address) 3101 Kyle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem.

DATE OF BURIAL: Feb 2 1926

20 UNDERTAKER: Wm Tuckner Sons

ADDRESS: North & Pa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

31 1926 C. CAMPBELL JONES, M.D.

Spec.—1-12-23—M&T—500 Blks.

E 06512

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06512

CERTIFICATE OF DEATH.

+101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hosp. ST. 11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Bland

(a) RESIDENCE NO. Sparrows Point Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colred

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of or) WIFE of: Betty Bland

6 DATE OF BIRTH (month, day, and year): Don't know

7 AGE: 40 Years | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country): Blackstone Va

PARENTS

10 NAME OF FATHER: Jeland Bland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Blackstone Virginia

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Blackstone Virginia

14 Informant: Jamea Bland

(Address) Sparrows Point Md

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/31/1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1926, to Jan 31, 1926.

that I last saw him alive on Jan 31, 1926,

and that death occurred, on the date stated above, at 11 50 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): Meningitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Sparrows Point

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs only

(Signed) John W. Gaines, M. D.

, 19 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Blackstone Va via Emma RR

DATE OF BURIAL: Feb 2 1926

20 UNDERTAKER: John F. Denny

ADDRESS: 715 Light St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC
TION is very important. See instructions on back of certificates.

B 1 1926 C. HAMPSON JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 06513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06513

100-061

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Thomas

(a) Residence No. 813 E. Pratt St., Ward.
(Usual place of abode)
(If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widower, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1871

7-AGE. 54 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Engineer

(b) General nature of industry, business, or establishment in which employed (or employer). 030

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Samuel Thomas

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Elizabeth Jones

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pa

11- (Informant Baltimore City Hospitals Records)
(Address)

15- Filed 1926 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 28, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan. 27 1926 to Jan. 28 1926.

that I last saw h alive on Jan. 28 1926.

and that death occurred, on the date stated above, at 10:30P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial failure acute

(Duration) yrs. mos. 9 hrs

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

1/29/ 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, 19

20-UNDERTAKER, ADDRESS

FEB 1926

FEB 1 1926

0071

N. B.—WRITE PLAINLY, WITH INKING THIS CERTIFICATE. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND

Spec. 4-D-21 M&T 1500 Blks.

1827 E 06514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 49 E 06514

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Boyce

(a) RESIDENCE NO. Fairmount W. Va. ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) W. Va.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Boyce

11 BIRTHPLACE OF FATHER (city or town) W. Va.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Vanderine

13 BIRTHPLACE OF MOTHER (city or town) W. Va.
(State or country)

14 Informant Reeds.
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11 22, 1925, to Feb. 1st, 1926.
that I last saw h[illegible] alive on Feb. 1st, 1926,
and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

(over)

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Generalized Uraemia

(duration) ..... yrs. 2 mos. 14 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date of Sept. 21 23

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic Examination

(Signed) W. W. Scott M. D.

, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmount W. Va

DATE OF BURIAL Feb 1 1926

20 UNDERTAKER John Leerist

ADDRESS 2008 Orleans

N. B.—WRITE LEGIBLY, WITH UNFADING INK. THE INFORMATION ASKED FOR MUST BE FURNISHED AS FAR AS POSSIBLE. Every question should be answered. If the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 1 1926 [illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06515

E 06515

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5006 Main Ave ST. 27-4 WARD)

2-FULL NAME Ino. Hy. Fricke

(a) RESIDENCE NO. 5006 Main Ave ST. ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 72 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Catherine Fricke

6 DATE OF BIRTH (month, day, and year): Feb 1854

7 AGE: Years 72 Months ..... Days ..... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED:
(a) Trade, profession or particular kind of work: Sheet Iron Metal worker
(b) General nature of industry, business, or establishment in which employed (or employer): 084
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balti Md

PARENTS

10 NAME OF FATHER: John Fricke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balti Md

12 MAIDEN NAME OF MOTHER: Hannah Bonner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balti Md

14 Informant: Mrs Catherine M. Fricke
(Address) 5006 Main Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/29/1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 1, 1926 to Jany 29, 1926

that I last saw him alive on Jany 25 19 .....

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:
Congestion of Brain

(duration) yrs. 2 mos. 21 ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? 3rd

What test confirmed diagnosis? .....

(Signed) Wm D Lucas M. D.

19 (Address) Gorsuch & Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

20 UNDERTAKER: John Lucas

DATE OF BURIAL: Feby 2 1926

ADDRESS: 2008 Orleans St

JAN 31 1926 C. HAMPSON JONES, M.D.

RCK

NOTE—WRITE LEGIBLY, carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in filling out this CERTIFICATE, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—F.B.R.S.—400 Bks.

E 06516 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06516

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. .....

City of BALTIMORE: (No. 1818 E. North Ave St., ... Ward) — 15-11 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Worthington

(a) Residence No. 1818 E. North Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female — 4-COLOR OR RACE, White — 5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Worthington

6-DATE OF BIRTH (month, day and year) Mch 13, 1851

7-AGE, 74 yrs. 10 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ..... retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Harford Co Md

PARENTS.
10-NAME OF FATHER, Wm. Nelson
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md
12-MAIDEN NAME OF MOTHER, Sarah H. Penn
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Blanche M. Eby
(Address) 1818 E. North Ave

15- Filed ..... 192 ..... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 30 1926

17- I HEREBY CERTIFY, That I attended deceased from ....., 19..... to January 30, 19 26,
that I last saw h.r alive on January 29, 19 26
and that death occurred, on the date stated above, at 2.30 m.
The CAUSE OF DEATH* was as follows:
Cardio vascular hypertension
.....
.....
.....(Duration) 5 yrs. yrs. mos. ds.
CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
.....(Duration) ..... yrs. mos 10 ds.

18-Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) Geo. W. Fuller M. D.
30, 19 26 (Address) 5 & 30 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Dale de Grace — DATE OF BURIAL, Feby 2, 1926

20-UNDERTAKER, John C. Hutchens — ADDRESS 1240 W. Fayette St.

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. For instructions on back of certificates.

C. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E 06517

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06517

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 3219 Westwood Ave

CITY OF BALTIMORE: (No. 3219 ST., 15-7 WARD) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wm. Hoffman

(a) RESIDENCE NO. 3219 Westwood Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emile Adele Hoffman

6 DATE OF BIRTH (month, day, and year) July 24, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Post-Office Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) Post Office Dept

(c) Name of employer U. S. Government

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Hoffman

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Fannie Fairfield

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mrs. Emile Adele Hoffman

(Address) 3219 Westwood Ave

15 Filed ..... 19 ..... R.R.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1926

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1925, to Feb. 1, 1926, that I last saw h[illegible] alive on Feb. 1, 1926 and that death occurred, on the date stated above, at 9.25 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Chronic Pulmonary Tibrosis 1

Chronic nephritis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) H. Allen Norman M. D.

, 19 (Address) 2340 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 4 19

20 UNDERTAKER Geo W Little

ADDRESS

C. HAMPSON JONES M.D.

FEB 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06518 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06518

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE. (No. 1227 E. Eager St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Genevive M. Phillips

(a) Residence No. 1227 E. Eager St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 11 mos. 17 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 2. 9. 10

7-AGE, 15 yrs. 11 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School Girl

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER. O. T. Phillips

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER. Fanny L. Manley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Md.

14- (Informant) Mrs. F. L. Phillips

(Address) 1227 E. Eager St

15-

Filed ....., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1. 29. 26.

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1 = 19 25 to Jan. 29 = 19 26, that I last saw her alive on Jan. 29 = 1926, and that death occurred, on the date stated above, at 12 40 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 0 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harlan A. Mayer, M. D.

30, 1926 (Address) 1033 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. 2 1 2, 1926

20-UNDERTAKER. George J. Ruth

ADDRESS 1735 Harford Ave.

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06519

E 06519

CERTIFICATE OF DEATH.

REGISTERED NO. 101-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 932 N Bradford St., (WARD) 17-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Colandrea

(a) RESIDENCE NO. 932 N Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) July 1 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
		7	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Antonio Colandrea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Liberata Santucci

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant 932 N Bradford St

(Address) Entire Community

15 Filed ....., 19 ..... Registrar

Rap

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-11-, 1926, to 2-1-, 1926.

that I last saw him alive on 2-1-, 1926

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. D. Evans, M. D.

2-1, 1926 (Address) 1604 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Co.

DATE OF BURIAL Feb 3 1926

20 UNDERTAKER Frank Enoch & Son

ADDRESS 1966 Belair Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE IS A PERMANENT RECORD. E... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

81 1926 Per C. [illegible] M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 06520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06520

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkind Hoslitalst., 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry A. McSwiney

(a) RESIDENCE NO. 203 S.5th St (Highlandtown) St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary McSwiney

6 DATE OF BIRTH (month, day, and year) March I5, I867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	I0	I5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Joiner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Wilmington Del.

PARENTS

10 NAME OF FATHER Tinothy McSwiney

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Alice Carey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Miss. Anna T. McSwiney

(Address) I32I Du Pont St. Wilmington

15 Filed..... 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Baer M. D.

(Coroner)

1/31/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Del. Date of Burial Feb. 1 1926

20 UNDERTAKER Horace H. Burgee ADDRESS 3631 Falls Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06521 E 06521

CERTIFICATE OF DEATH.

100 001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 S. Charles St. 20-6 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martina Peters

(a) RESIDENCE No. 2024 Wilkins ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Wilson Peters

6 DATE OF BIRTH (month, day, and year) Jan-29-1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work @ Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER George Rauss

11 BIRTHPLACE OF FATHER (City or town) — (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hasting

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant John S. Rauss (Address) 1008 Wyatch St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-31 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan-1, 1926, to Jan-31, 1926, that I last saw h[illegible] alive on Jan-30, 1926, and that death occurred, on the date stated above, at 12.40 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia (Primary)

(duration) — yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2024 Wilkins ave

Did an operation precede death? no Date of

Was there an autopsy? no-

What test confirmed diagnosis? none.

(Signed) Dan Franschini M. D.

1/31, 1926 (Address) 122 n dee st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL 2/2 1926

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1422 light

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06522

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06522

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals — Registered No. 16-146

City of BALTIMORE: (No.) Bay View Asylum St., (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Teabo

(a) Residence No. Pleasant Hill Rd. Owns same Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar 11 1850

7-AGE. 75 yrs. 10 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, ? Towhey

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Maryland

14- (Informant) Hospital Records

(Address) Balt City Hospitals

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 30-1926

17- I HEREBY CERTIFY, That I attended deceased from Nov 28 1925, to Jan 30- 1926, that I last saw h alive on Jan 30 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Advanced Carcinoma of Cervix & metastasis

(History). (Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

Signed Dr P Chaney Jr MD M. D.

(Address) Balt City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer — DATE OF BURIAL. Feb 2 1926

20-UNDERTAKER. Margaret G. Flynn — ADDRESS 1417 Light St.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06523

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver Sts ST. 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Leo James Kerrigan

(a) RESIDENCE No. 1335 Hull St Baltimore ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Kerrigan

6 DATE OF BIRTH (month, day, and year) Oct 28, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
29	30	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Repairment (B&O)

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Martin Kerrigan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Catherine Kerrigan

(Address) 1335 Hull St

15 Filed ...., 19.... Registrar

RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 27, 1926, to Jan 31, 1926.

that I last saw him alive on Jan 31, 1926

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

Mitral Regurg. & Stenosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Edema of the Lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Test

(Signed) Clement R. Monroe, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL Feb. 3 1926

20 UNDERTAKER Margaret E. Flynn

ADDRESS 1427 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every (illegible) of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall (illegible) CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of (illegible) CATION is very important. See instructions on back of certificates.

81-1926

C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 06524

CERTIFICATE OF DEATH.

E 06524

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1614 Edmondson Ave. ST., 16-1 WARD)

2-FULL NAME Emma Kate Taylor

(a) RESIDENCE No. 1614 Edmondson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years About 72 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Levi Taylor

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Rebecca Clough

13 BIRTHPLACE OF MOTHER (city or town) Hampstead, Md. (State or country)

14 Informant Harry W. Shenton

(Address) 1614 Edmondson Ave

15 Filed JAN 31 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-5-, 1926, to 1-30-, 1926, that I last saw her alive on Jan 30, 1926 and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Stomach Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wirt A. Dewalt, M. D.

, 19 (Address) 3523 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem. DATE OF BURIAL Feb 2, 1926

20 UNDERTAKER Wm Tuckner Sons ADDRESS Rockville Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EV[illegible] item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B1 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06525

CERTIFICATE OF DEATH.

90 E 06525

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 N. Charles ST. 17-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Michael

(a) RESIDENCE NO. 2414 N. Charles ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. J. C. Michael

6 DATE OF BIRTH (month, day, and year): Jan 5 1857

7 AGE: 69

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Thos. Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Maria E. Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Wm. R. Michael

(Address) Astor Court Apts

15 Filed ....., 19 ..... Registrar

C. HAMILTON JONES, M.D.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1926, to Jan 31 1926.

that I last saw h[illegible] alive on Jan 31 1926

and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis and Arterial Hypertension with arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. Simms M. D.

2/1, 1926 (Address) 4706 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Feb 4 1926

20 UNDERTAKER: Wm. Tucker Sons ADDRESS: Norfolk Va

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B1 1926

Spec.—1-10-21—M&T—1500 Blks.

E 06526

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06526

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S Curley St. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Antonia Nazzaro

(a) RESIDENCE NO. 517 S Curley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EV[illegible] mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Nazzaro

6 DATE OF BIRTH (month, day, and year) May 1, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	8	10 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Costanzo Romeo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Nicholo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Thomas Romeo

(Address) 517 S Curley

15 Filed , 19 R O W Registrar

C. HAMPSON JONES, M. D.

JAN 31 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 19[illegible], to Jan 30, 19[illegible],

that I last saw her alive on Jan 30, 1926,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardio Vascular Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hospital Records

(Signed) [illegible], M. D.

, 19 (Address) 2015 Ellsworth

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL February 2 1926

20 UNDERTAKER Mendel Wipple & Son — ADDRESS 378 Mun

Spec.—1-10-21—M&T—1500 Bks.

E 06527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06527

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 15-12 WARD) 101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Garofalla

(a) RESIDENCE NO. 1721 N Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known.

6 DATE OF BIRTH (month, day, and year) May 12-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant. (Address) Hospital Records

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-1-26 19

17 I HEREBY CERTIFY, That I attended deceased from 1-31-26, 19, to 2-1-26, 19,

that I last saw him alive on 2-1-26, 19,

and that death occurred, on the date stated above, at 10:10 a.m.

The CAUSE OF DEATH* was as follows:

Unresolved Bilateral Lobar Pneumonia

Resolutis of Scrotum

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac Vascular Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) Thomas Feaman, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 2 1926

20 UNDERTAKER Wendel Oppelt & Son — ADDRESS 378 N

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EV[illegible] mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou[ld] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 1 1926 C. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Blks.

E 06528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06528

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hosp

CITY OF BALTIMORE: (No. Caroline & Oliver St. 1514 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Ramally

(a) RESIDENCE NO. 13 d N Exeter St ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 20 yrs. ..... mos. ..... ds.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Wendell Appel
(Address) 372 Dean

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 31, 1926, that I last saw h ill alive on Jan 31, 1926, and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) Cardiac failure.

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Test

(Signed) Clement N. Monroe, M. D.

, 19 (Address) St Vincents Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent — DATE OF BURIAL Feb 2 1926

20 UNDERTAKER Wendell Appel & Son — ADDRESS 372 D.

FEB 1 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06529

CERTIFICATE OF DEATH.

179 E 06529

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St 1-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Jakalski

(a) RESIDENCE NO. 215 S. Madeira St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Feb 11/1924

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	1	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER: Ignatius Jakalski

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Nellie Ozga

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: Mr I. Jakalski

(Address): 215 S. Madeira St

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 31/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia- 2nd & 3rd degree burns Back & thighs. Accidently fell into a bucket of hot water, in her home on Jan 13/26

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) ..... M. D.

(Coroner)

2/1/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Feb 2 1926

Date of Burial

20 UNDERTAKER: John M Weber

ADDRESS: 1803 Bank St

FEB 1 1926

RPP

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06530

CERTIFICATE OF DEATH.

E 06530

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa Strychasz

(a) RESIDENCE NO. 507 S. Washington St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): March 10-20

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	5	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Stanislaus Strychasz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Ida DZIUBEK

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant: Mrs Ida Strychasz

(Address) 507 S. Washington

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30th/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Neck-Run over by automobil

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

2/1/26 (Signed) [signature] (Coroner) M. D.

, 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Feb 3 1926

Date of Burial

20 UNDERTAKER: John McWade ADDRESS: 803 Bank St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06531

E 06531

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2809 Boarman Ave St., 15 W WARD)

2-FULL NAME Charles W. Hoffmeyer

(a) RESIDENCE NO. 2809 Boarman Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Edna Ireland

6 DATE OF BIRTH (month, day, and year) Oct. 12. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	51	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Henry Hoffmeyer

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Mary Wenzel

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Edna Hoffmeyer
(Address) 2809 Boarman Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 29, 1926, to Jan 31, 1926, that I last saw h live on Jan 31, 1926, and that death occurred, on the date stated above, at 9 10 p m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Lord Talbot, M. D.

2/1, 1926 (Address) 1353 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Feb 3 1926

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1904 W North Ave

mation should be carefully supplied. Name should be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificate.

oc—12-23-21—E.B.R.S.—400 Bks.

E 06532 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06532

CERTIFICATE OF DEATH.

27-3101

1-PLACE OF DEATH Registered No.....

City of BALTIMORE: (No. 329 Oakmont Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Ida M Dehoff

(a) Residence No. 329 Oakmont Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob T Dehoff

6-DATE OF BIRTH (month, day and year) June 11 1862

7-AGE, 63 yrs. 7 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of Industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Noah Bixler

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Esthar Wheeler

13-BIRTHPLACE OF MOTHER (city or town) Md. (State or Country),

14- (Informant) Jacob A. Dehoff

(Address) 329 Oakmont Ave

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 31/26

17- I HEREBY CERTIFY, That I attended deceased from Jan 27, 1926 to Jan 31, 1926 that I last saw h. alive on Jan 30, 1926 and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno. G. Lucas, M. D.

, 19 (Address) 350 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Carmel

DATE OF BURIAL, Feb 2nd 1926, 19....

20-UNDERTAKER, E. LeRoy Stiffler

ADDRESS 125 N. North Ave

In plain terms, so that it may be properly classified. Exact statements are required. See instructions on back of certificates.

FEB 1 1926 C. Hampson Lowe, M. D. Registrar.

E 06533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06533

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2203 Oak Ave St. 17-3 Ward)

REGISTERED No. C 101

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W Beall

(Residence in Baltimore: No. 2203 Oak Ave St.; yrs., 3 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 21, 1856 (Month) (Day) (Year)

7-AGE, 67 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henderson Beall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha Beam

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Beall

(Address) 2203 Oak Ave

15-

Filed....., 191.....

C. HAMPSON JONES, M. D. Registrar.

1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Jan 31, 1926. (Address) 2203 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Feb. 2nd, 1926

20-UNDERTAKER E. LeRoy Stiffler — ADDRESS 1255 North Ave

E 06534

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06534

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at 19-182 REGISTERED No. C

CITY OF BALTIMORE (No. Balto City Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Kennedy

(Residence in Baltimore: No. 2 S. Eutaw St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. Oct 21, 1877
(Month) (Day) (Year)

7-AGE, 28 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. James J Kennedy

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Crilly

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Walther

(Address) 2 S. Gilmore St

15-

Filed....., 191.....

C. HAMPSON JONES, M. D. Registrar.

JAN 31 1926 Per 12:18

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
when the auto he was driving went over into Harbor
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) at Clinton & 10 Sts
(Duration) Instantaneous yrs. ..... mos. ..... ds.

(Signed) James M. Lawlor M. D.
(Coroner.)

Jan 31, 1926 (Address) 7001 Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL New Cathedral

DATE OF BURIAL, Feb 3, 1926

20-UNDERTAKER Bernard A Fink

ADDRESS 1625 N Fulton Ave

N.B.—Every item of information should be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 06535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 06535
Registered No.

1-PLACE OF DEATH Baltimore City Hospitals

City of BALTIMORE: (No. Bay View Maryland St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maynard Quarles-

(a) Residence No. 103 W. Clement Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1875

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Quarles

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia

12-MAIDEN NAME OF MOTHER, Martha -?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Virginia

14- (Informant) Hospital Records

(Address) Baltimore City Hospitals

15-

Filed 1926 C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 1 - 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 - 1926 to Feb 1 1926

that I last saw him alive on Feb 1 1926

and that death occurred, on the date stated above, at 5.05 P.M.

The CAUSE OF DEATH* was as follows:

Cellulitis of Right foot - Organism Probably Streptococcus Hemolyticus

Abscess left Lumbar Region 2nd to a probable Strangulated Lumbar Hernia (Duration) yrs. One wk. mos. days

CONTRIBUTORY (Secondary) Lobar Pneumonia Right

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) J. H. P. Champe M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cedar Hill Cem DATE OF BURIAL, Feb 3 1926

20-UNDERTAKER, A. Howard Evans ADDRESS 38 E Fort Ave

in plain terms, so that it may be properly classified. Exact statement of cause of death required. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06536 E 06536

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 24-1 WARD)

2-FULL NAME Mildred A. Hubbard

(a) RESIDENCE NO. 1103 Battery Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 6, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Henry C. Hubbard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Jennie Samm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant H. C. Hubbard

(Address) 1103 Battery Ave

15 Filed , 19 Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926 to Feb 1, 1926.

that I last saw her alive on Feb. 1, 1926,

and that death occurred, on the date stated above, at 10 25/a m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tull, M. D.

2/1, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Feb. 2 1926

20 UNDERTAKER A. Howard Evans ADDRESS 318 S. Forest

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

1 1926

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 06537

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06537

CERTIFICATE OF DEATH.

11-02

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Geman Aged Home Balto & Payson ST. 10-5 WARD)

2-FULL NAME Rosine Spitze

(a) RESIDENCE. NO. Geman a Home Balto & Payson ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred —— yrs. 6 mos. —— ds. How long in U. S., if of foreign birth? 60 yrs. —— mos. —— ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~ — COLOR OR RACE: White — 4 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry C Spitze

6 DATE OF BIRTH (month, day, and year) Dec 29-1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Bayern - Germany

PARENTS

10 NAME OF FATHER: Peter Dietzel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Cathrine Drecher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Henry C Spitze
(Address) Germany a Home Balto & Payson Sts

15 Filed . 19 Registrar

1 1926 C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31/26 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 29th . 1926 . to Jan 31 . 1926.

that I last saw her alive on Jan 30 . 1926.

and that death occurred, on the date stated above, at 4.30a m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Norff, M. D.

. 19 (Address) 1843 N. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feb 2nd 19

20 UNDERTAKER: F D Pleasant — ADDRESS 1855 W. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec. 1-12-23 MAT 500 Blks.

E 06538

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06538

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Boarded ST., 19-1 WARD)

2-FULL NAME Katie Metchtel

(a) RESIDENCE NO. 1410 Boarded ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Jan 30-1908

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country) .....

PARENTS

10 NAME OF FATHER John Metchtel

11 BIRTHPLACE OF FATHER (city or town) West Russ (State or country) .....

12 MAIDEN NAME OF MOTHER Sallie Porter

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) West Russ

14 Informant John Metchtel (Address) 1610 Druid

15 Filed ..... 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 19 26, to Jan 31, 19 26, that I last saw h- alive on Jan 31, 19 26, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows: Pulmonary T.B.C.

(duration) yrs. 5 mos 9 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Physical Exam

(Signed) Walter J. Ford, M. D.

, 19 (Address) 1610 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Feb 2/1926
20 UNDERTAKER	ADDRESS 916 Gay St.
Daniel Carson	

CAUSE OF DEATH to plain terms, so that it may be properly TION is very important See instructions on back of certificates.

FEB 2 1926 HAMPSON-JONES, M. D. Registrar

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06539

100 001 E 06539

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 5-2 WARD)

2-FULL NAME Mary Johnson Bowley

(a) RESIDENCE NO. 1313 May St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE: Years: 60yr. Months: Days: If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1926, to Jan. 29, 1926, that I last saw her alive on Jan. 29, 1926, and that death occurred, on the date stated above, at 7:30P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

Cystitis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) Lindsay Miller M. D.

1/31, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Magothy Avenue A.M.E. Zion

DATE OF BURIAL: Feb 3 1926

20 UNDERTAKER: Chas. H. Johnson & W. Bowley

ADDRESS

CAUSE OF DEATH is to be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06540

CERTIFICATE OF DEATH.

1/3E 06540

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Mulliken ST., 6-1 WARD)

2-FULL NAME Joseph Smith

(a) RESIDENCE NO. 1505 Mullikin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 4/1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Robt Deloatch

11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)

12 MAIDEN NAME OF MOTHER Geneva Smith

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Geneva Smith
(Address) 1505 Mullikin St

15 Filed FEB 2 - 1926, 192 D. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and ffom the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Malnutrition - Gastro intestinal indigestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) J. S. H. Fuller, M. D.
(Coroner.)
Feb 1, 1926 (Address) 506 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodberry Cemetery	Feb. 2 1926
20 UNDERTAKER Chas. H. Johnson & Co.	ADDRESS 1676 Caroline St.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

Murder.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06541

1001 100E 06541

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Robt ST. 14-1 WARD)

2-FULL NAME Alice L. Whites

(a) RESIDENCE NO. 420 Robt. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 9 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balt City
(State or country)

PARENTS

10 NAME OF FATHER John Whites

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Alice Pettiford

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Fannie Whites
(Address) 420 Robt. St

15 Filed ..... 19 ..... Registrar Samuel H. Brusley

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31st 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 26th, 1925 to Jan 31st, 1925, that I last saw h alive on Jan 31st, 1925 and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Geo. Ellis, M. D.

(Address) 524 Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Old Pottersfield Gen. Eldridge

DATE OF BURIAL 2-2 1925

UNDERTAKER Samuel H. Brusley

ADDRESS 78 N. Bridge

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 2 - 1925 HAMPSON JONES, M.D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06542

CERTIFICATE OF DEATH.

1/3 E 06542

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1743 Lamont Ave St., 96 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Raymond Miller

(a) RESIDENCE NO. 1743 Lamont Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) Dec 4/25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Albert Miller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Rosenbaum

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Albert Miller

(Address) 1743 Lamont Ave

15 Filed_____, 19_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastro-intestinal Indigestia malnutrition (duration) yrs. mos. ds.

(Signed) [signature] M. D.

2/1/26 (Coroner)

2/1/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents Cem Date of Burial 2/2 1926

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford

tion should be carefully supplied. Age should be stated EXACTLY. Any omission of OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06543

CERTIFICATE OF DEATH.

176 E 06543

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7 N. Mount ST. 14-1 WARD)

2-FULL NAME George Wm Chase

(a) RESIDENCE NO. 7 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jannie E Chase.

6 DATE OF BIRTH (month, day, and year): July 16 - 1891

7 AGE: Years 34 Months 6 Days 15 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laboring

(b) General nature of industry, business, or establishment in which employed (or employer): Truck Driver

(c) Name of employer: Lucky Parker

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md

PARENTS

10 NAME OF FATHER: Wm E Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co. Md

12 MAIDEN NAME OF MOTHER: Minnie Mcgraw

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eastern Shore Md

14 Informant: Wm E Chase

(Address): 7 N. Mount

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M.D.

FEB 2 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31st 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1926 to Jan 31st 1926.

that I last saw him alive on Jan 31st 1926

and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(duration) ..... yrs. ..... mos 2 3 ds.

CONTRIBUTORY (Secondary) ?

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms.

(Signed) Jas E Hall, M.D.

19 (Address) 713 Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Feb 3rd 1926

20 UNDERTAKER: A. Jones — ADDRESS: 111 S. Gilmor

mation should be carefully supplied. Age should be given in years, months and days if under one year. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

E 06544

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06544

CERTIFICATE OF DEATH.

REGISTERED NO. 17-2100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 770 Beddle ST., (17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alvie Monteque

(a) RESIDENCE NO. 770 Beddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year) July 11—1925

7 AGE: Years — Months: 6 — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Balto. City

PARENTS

10 NAME OF FATHER: Willis Monteque

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Hattie Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Willis Monteque

(Address): 770 Beddle St

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 30th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23d, 1926, to Jan 30th, 1926.

that I last saw h[e] alive on Jan. 28th, 1926

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Influenza Case

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. Lee Hicks, M. D.

(Address) Govt Hospital

, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion

DATE OF BURIAL: 2-2 1926

20 UNDERTAKER: John H. Toadvine

ADDRESS: 1027 Druid Hill Ave

E. LAMPSON JONES, M. D.

FEB 2 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation should be given. Indefinite terms, such as Laborer, Operative, Manufacturer, Merchant, Clerk, etc., are not sufficient. CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Brooklyn

14-001

E 06545

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Patapsco Ave St., 5-H WARD)

2-FULL NAME Thomas Walter Lowman

(a) RESIDENCE No. 509 Patapsco Ave St., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C Lowman

6 DATE OF BIRTH (month, day, and year) Jan 6 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
64	—	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Gen'l Refractories Co

9 BIRTHPLACE (city or town) (State or country) Odenton A A Co Md

PARENTS

10 NAME OF FATHER Nathan Lowman

11 BIRTHPLACE OF FATHER (city or town) A A Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Meeks

13 BIRTHPLACE OF MOTHER (city or town) A A Co (State or country) Maryland

14 Informant Mrs Emma C Lowman
(Address) 509 Patapsco Ave Brooklyn Md

15 Filed ..... 19 .....

RLK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 11 1926 to Feb 1 1926, that I last saw h alive on Jan 31 1926, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas O Brooke, M. D.

1926 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL Feb 3 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 2 1926 HARFORD

E 06546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06546

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. Colonial Hospital St., 13-5 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Frederick Kaufman

(Residence in Baltimore: No. 1552 Clifton ave St.; yrs. 59 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Widower

6-DATE OF BIRTH. Sept (Month) 2 (Day) 1867 (Year)

7-AGE. 81 yrs. 4 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of Industry, business, or establishment in which employed (or employer) Shoemaker

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Adam Kaufman

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Lotty Shisler

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elsie Zimmerman

(Address) 1552 Clifton ave

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ist Car accident

Multiple fractures

(Duration) ....yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. C. Blades M. D.

(Coroner.)

1552 192.... (Address) 423 N Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Balto Cemetery DATE OF BURIAL. Feb 3 1926

20-UNDERTAKER. D S Marshall ADDRESS 3331 Falls Road

FEB 2 - 1926 C. HAMPSON JONES, M. D. Per .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of conditions is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06547

E 06547

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3509 Forest Park Ave ST., 5-4 WARD)

2-FULL NAME Arthur Bosley Connelly

(a) RESIDENCE NO. 3509 Forest Park Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 6 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennette Helen Connelly

6 DATE OF BIRTH (month, day, and year) June 10 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	35	6	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lawyer
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER David S. Connelly

11 BIRTHPLACE OF FATHER (city or town) Baltimore Co
(State or country) Md

12 MAIDEN NAME OF MOTHER Anna Bosley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Co.
(State or country) Md

14 Informant F. A. Stuhmeyer
(Address) 2406 Usanah Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 1926, to Jan 31 1926, that I last saw h[illegible] alive on Jan 31 1926, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Walter Stone M. D.

2/6/26 (Address) 3 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	2/3/26
20 UNDERTAKER	ADDRESS
Geo. Rabe & Son	2503 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

FEB 7 1926 HAMPSON JONES M.D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06548

CERTIFICATE OF DEATH.

9 0 E 06548

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Collington ST., 6 ate 3 WARD)

2-FULL NAME Lena Berelson

(a) RESIDENCE NO. 127 N. Collington ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1X yrs. mos. ds. How long in U. S., if of foreign birth? 1X yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard Berelson

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 78 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis
(Address) 1439 E. Baltimore St

15 Filed ..... 19 ..... Registrar

FEB 2 - 1926 HAMPSON JONES, M. D.

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2 — 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1925, to Feb 1, 1926,

that I last saw her alive on Jan 15 1926

and that death occurred, on the date stated above, at 8 a .m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary): cardiac decompensation

(duration) yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical sgns

(Signed) M N Fellerman, M. D.

Feb 1, 1926 (Address) 221 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel

DATE OF BURIAL: 2/2 1926

20 UNDERTAKER: Jack Lewis 1439 E Balt

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-
TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

06549

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 06549

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 840 Konig St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip H. Hofstetter

(a) Residence No. 840 Konig St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 11 mos. 18 ds. How long in U. S., If of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna C. Dienstbier

6-DATE OF BIRTH (month, day and year): Feb. 12, 1855

7-AGE: 70 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retail Grocer

(b) General nature of industry, business, or establishment in which employed (or employer): 034

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: Joseph Hofstetter

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Julia -------

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant) Mrs. Anna C. Hofstetter
(Address) 840 Konig Street

15- Filed..... 192..... RK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 30th-1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1926, to Jan 30th, 1926, that I last saw h.. alive on Jan 30th, 1926, and that death occurred, on the date stated above, at 7:10 P., m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) ... yrs. ... mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam

(Signed) Chas. J. Keller M. D.

1/1, 1926 (Address) 222 Wilmington Ave

*State the **Disease Causing Death**, or In deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL, 2/3 19 26

20-UNDERTAKER: Henry W. Mears & Son

ADDRESS 805 N. Calvert

in plain terms, so that it may be properly classified. Exact information is required. Follow instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

06550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60-00 06550

1-PLACE OF DEATH St Joseph's Hosp. REGISTERED NO. 27512

CITY OF BALTIMORE: (No.) Caroline & Oliver Sts. (St.) Baltimore Md WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elizabeth A. Fuld

(a) RESIDENCE No. 201 Gibbons Ave. (St.) Hamilton md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (~~HUSBAND of~~) (or) WIFE of: Leon J. Fuld

6 DATE OF BIRTH (month, day, and year): June 16, 1875

7 AGE — Years: 50 — Months: 7 — Days: 14 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Michael J. Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Dougherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): St Joseph Hospital records.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/30 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1926, to Jan 30, 1926,

that I last saw her alive on Jan 30, 1926

and that death occurred, on the date stated above, at 6:15 p.m.

The CAUSE OF DEATH* was as follows:

1 Hypostatic pneumonia

2 Chronic Nephritis

3 Hypertension

(duration) 1 yrs. mos. ~~7~~ ds.

CONTRIBUTORY (Secondary) Edema of the lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. Tests

(Signed) Arnold Bauer, M. D.

1/30, 1926 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 2/2, 1926

20 UNDERTAKER: Henry U. Mears & Son — ADDRESS: 805 N. Calvert

mation should be carefully supplied. Name should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

FEB - 1926 HAMPSON JONES M.D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06551

CERTIFICATE OF DEATH.

89 E 06551

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N Carey ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Burck

(a) RESIDENCE NO. 423 N Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles N Burck

6 DATE OF BIRTH (month, day, and year) March 6 71

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER Henry McHenry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Crouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles N Burck

(Address) 423 N Carey St.

15 Filed ....., 19.... RR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Feb 1, 1926, that I last saw h[illegible] alive on Feb 1, 1926, and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH* was as follows:

Acut Indigestion

(duration) ....yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Ingrn Pictons.

(duration) ....yrs. ..mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ?

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L Bovard Keech M. D.

Feb 1, 1926 (Address) 305 N Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md. DATE OF BURIAL Feb 4 1926

20 UNDERTAKER N. M Rouzer ADDRESS 2238 N Monroe

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 06552

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06552

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin near Radecke ST., No. 1 WARD) Gardenville

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Senf

(a) RESIDENCE No. Franklin near Radecke ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Carl G. Senf

6 DATE OF BIRTH (month, day, and year) July 20/1904

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
21	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER James Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret City

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Carl G. Senf

(Address) Franklin near Radecke Ave

15 Filed ..... 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 10th 1925 to Jan 31st 1926, that I last saw her alive on Jan 29th 1926, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Marasmus

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Kober, M. D.

1926 (Address) 1501 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 2/2 1926

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT INFORMATION is very important. See instructions on back of certificates.

FEB 7 1926

Spec.—1-10-21—M&T—1500 Bks.

E 06553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

25-001

E 06553

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Holbrook ST., 9-7 WARD)

2-FULL NAME Mary V. Collier

(a) RESIDENCE NO. 1509 Holbrook ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 8 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Otis P. Collier

6 DATE OF BIRTH (month, day, and year): May 5 63

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Peter Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Otis P. Collier

(Address): 1509 Holbrook St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 31, 1926.

that I last saw her alive on Jan 31, 19

and that death occurred, on the date stated above, at 12 10 A. m.

The CAUSE OF DEATH* was as follows:

R Hemorrhagic & Conpromitus

(duration) Immed yrs. mos ds.

CONTRIBUTORY (Secondary) Hemorrhagic several yrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) D O Cannan, M. D.

2/, 1926 (Address) 1707 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk — DATE OF BURIAL: 2/3 1926

20 UNDERTAKER: Philip Herwig — ADDRESS: 2016 Orleans St

REFER TO CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT LOCATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06554
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hosp. ST., 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Clapp

(a) RESIDENCE NO. 2229 Orleans ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Mary Clapp.

6 DATE OF BIRTH (month, day, and year) Jan 26 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	82		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER George Clapp

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Neyman

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Charles E. Clapp
(Address) 2229 Orleans St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-26-25. to 1-31-, 1926.

that I last saw him alive on 1-31-, 1926,

and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy (Benign)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cystitis, uremia, & Parotiditis (or) duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-23-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical & laboratory

(Signed) Jno. A. Hopkins, M. D.

, 19 (Address) Mt. Gilead Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL 2/3 1926

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

B 2-1926 C. HAMPSON JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06555

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06555

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS 16-7 90

Registered No.....

City of BALTIMORE: (No.....St.,.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Randolph H. Roedel

(a) Residence No. 745 N. Fulton Ave St.,.....Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1836

7-AGE. 90

69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer) 065

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), New York

PARENTS.

10-NAME OF FATHER Charles P. Roedel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hannah Harrison

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England

14- (Informant) Baltimore City Hospitals Records

(Address)

15- Filed..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 1, 1926

17- I HEREBY CERTIFY, That I attended deceased from July 29, 1925 to Feb. 1, 1926

that I last saw him alive on Feb. 1, 1926

and that death occurred, on the date stated above, at 4 9 . m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia - 5 days

Myocardial failure - 6 days

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) A. Lindsay Miller M. D.

2/2/ 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Feb 2 1926
20-UNDERTAKER	ADDRESS
Robert Boettcher	Calhoun & Fallows

FEB 2 - 1926 HAMPDEN [illegible]

in plain terms, so that it may be properly understood. instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 06556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7E 001
7E 06556

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 627 N. Moore St. 16-7 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pratt James

(a) RESIDENCE. No. 627 N. Moore St.. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col-

5 Single, Married, Widowed, or Divorced (write the word): married

5a ~~If married, widowed, or divorced~~ HUSBAND of ~~the) Wife of~~ Sallie James

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE: Years 50 (~~1876~~) Months 1 — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sallie James
(Address) 627 N. Moore St.

15 Filed , 19 Registrar

FEB 2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 30 (11:45 P.M.) 1926, to Jan 31 1926.

that I last saw him alive on Jan 30 1926.

and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH was as follows:

Apoplexy

(duration) 1 yrs. Never mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

Feb 1 1926 (Address) 203 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 2 1926

20 UNDERTAKER: Virginia A. Brooks — ADDRESS: 1463 N. Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

E 06557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06557

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 11 S Central ave St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Hart

(Residence in Baltimore: No. 11 S Central ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, unknown (Month), 1 (Day) (Year)

7-AGE, About. 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Broom Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Bradley

(Address) 11 S. Central Ave

15-

Filed ....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 1 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

(Signed) James A. Fenlon M. D. (Coroner.)

Feb 2, 1926 (Address) Tower Chambers

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem.	Feb. 3rd 1926

20-UNDERTAKER	ADDRESS
Lilly & Zirkin	413 Wolfe St.

N.B.—Every item of information above should be carefully supplied, and the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06558

CERTIFICATE OF DEATH.

1 2 06558

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 N. Eutaw St. 9-6 WARD)

2-FULL NAME Mildred Scheck

(a) RESIDENCE. No. 1821 N. Eutaw St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 13 1926

7 AGE Years — Months — Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Scheck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Pearl Engel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant John Scheck (Address) 1821 Eutaw St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926, to Feb 1, 1926, that I last saw h[illegible] alive on Feb 1, 1926, and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows: Gastro Enteritis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Tumor (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Logan, M. D.

2/7, 1926 (Address) 1401 Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Feb 7nd 1926

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St

FEB 2 - 1926

H. P. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 06559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 06559

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST. 11-3 WARD)

2-FULL NAME Mrs Henrietta Mitchell

(a) RESIDENCE No. 311 E. Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 5 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Mitchell

6 DATE OF BIRTH (month, day, and year) aug. 9, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant James L. Mitchell (Address) 312 E. Monument St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1926, to Feb. 2, 1926, that I last saw her alive on Feb. 2, 1926, and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Hulla, M. D.

2/2, 1926 (Address) 1132 N Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Spring Harford DATE OF BURIAL Feb 4 1926

20 UNDERTAKER John D. Mitchell ADDRESS 1251 W. Fayette

CAUSE OF DEATH. See instructions on back of certificate. TION is very important

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06560

E 06560

CERTIFICATE OF DEATH.

REGISTERED NO. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Meadow Ave ST. 27 WARD) Eastern

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Krach

(a) RESIDENCE No. 208 Meadow Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? 4 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Fredricka

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	74	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Laborer retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (City or town) ..... (State or country) Austria-Hungary

PARENTS

10 NAME OF FATHER Kaspar Krach

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Hungary

12 MAIDEN NAME OF MOTHER Elizabeth Fraker

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Hungary

14 Informant Mr Jacob Krach (Address) 208 Meadow Ave

15 Filed ..... 19 .... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1, 1926

17 I HEREBY CERTIFY, That I attended deceased from December, 1925, to Feb. 1, 1926, that I last saw him alive on Jan. 31 1925, and that death occurred, on the date stated above, at 9 1/2 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Pneumonia

(duration) ... yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) E. S. Kurz M.D.

2. 2. 1926 (Address) 516 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL Feb 4, 1926

20 UNDERTAKER Chas. L. Stevens

ADDRESS 1501 E. Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

C 6-1926 C HAMPSON JONES, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06561 — 101-001 — E 06561

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 533 Walnut alley St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Florence Collins

(Residence in Baltimore: No. 533 Walnut alley St.; yrs. 20 mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	colored	widow

6-DATE OF BIRTH. about 1871
(Month) (Day) (Year)

7-AGE. 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... 070

9-BIRTHPLACE, (State or Country). unknown

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) N. W. Dist. Police

(Address) Penna. ave.

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 10, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inq (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Jan. 25, 1926 (Address) 2702 Edmondson Av.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. UNIVERSITY OF MARYLAND DATE OF BURIAL ..... 19...

20-UNDERTAKER. C. HAMPSON JONES, M. D. ADDRESS Commissioner of Health

FEB 2 1926

THE MORGUE.

State CAUSE OF DEATH in plain words. Do not use abbreviations or technical terms. Omissions will delay burial permit. Name of contagious disease is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06562 — CERTIFICATE OF DEATH.

100-001 E 06562

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (NO. ..... ST. 5-1 WARD)

2-FULL NAME Mrs. Missouri Deane

(a) RESIDENCE NO. 20 N. Carlisi ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Raymond Deane

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) dont Know

PARENTS

10 NAME OF FATHER Raymond Reagan

11 BIRTHPLACE OF FATHER (city or town) dont Know (State or country)

12 MAIDEN NAME OF MOTHER dont Know

13 BIRTHPLACE OF MOTHER (city or town) dont Know (State or country)

14 Informant Hospital Record (Address) .....

15 Filed ....., 19 .... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22-26 19

17 I HEREBY CERTIFY, That I attended deceased from 1-11-26, 19 .., to 1-22, 19 26, that I last saw her alive on 1-22, 19 26, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Bullock, M. D.

, 19 (Address) 426 N. Carlisi St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL .....

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS .....

UNIVERSITY OF MARYLAND

C. HAMPSON JONES, M. D. Commissioner of Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

FOR C THE MONTH

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06563 E 06563

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 N. Stricker ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Harris

(a) RESIDENCE NO. 330 N. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Harris

6 DATE OF BIRTH (month, day, and year) Dec. 26 - 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	1	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Sam Watts

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Susie Wilson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Louis Wilburn
(Address) 1212 Whitelock St

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 - 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by the Inquest find that said deceased came to her death on the day stated above.
(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

Signed Thos. B. Horton, M. D.
(Coroner.)
Jan 27 - 1926 (Address) Curtis Bay

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Accident

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place where died ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL ... 192...

20 UNDERTAKER

ADDRESS

mation should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06564 CERTIFICATE OF DEATH. 16-001 E 06564

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Baxter St, ST., 12-6 WARD)

2-FULL NAME Baby Blackwell

(a) RESIDENCE NO. 1709 Baxter St, ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 28, 1926

7 AGE — Years: — Months: — Days: 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Allen Blackwell

11 BIRTHPLACE OF FATHER (city or town) Cruel
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Straight

13 BIRTHPLACE OF MOTHER (city or town) Arlee
(State or country) Virginia

14 Informant Father Allen Blackwell
(Address) 1709 Baxter St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1926, to Jan 31, 1926.

That I last saw her alive on Jan 31, 1926.

and that death occurred, on the date stated above, at 10 30 A.m.

The CAUSE OF DEATH* was as follows:

General weakness, premature Birth and Infantile Convulsions (Physical condition) (duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Physical condition of mother (duration) — yrs. 8 mos. — ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? no Date of ..... no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Geo V Hall, M. D.

, 19 (Address) 926 23 dst.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone is not sufficient. See instructions on back of certificates.

UNIVERSITY OF MARYLAND

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06565

11-001

E 06565

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1234 Edward St. 5-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Epps

(a) Residence No. 1234 Edward St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. colord

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Drewry Epps

6-DATE OF BIRTH (month, day and year) 1890. Sept 5

7-AGE. 35 yrs. 3 4 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer) Housewife 37

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Williamsburg N.C

PARENTS:

10-NAME OF FATHER. Joseph Hunt

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Not known

12-MAIDEN NAME OF MOTHER. Lizzie Hunt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). N.C.

11- (Informant) Frances Dreed

(Address) 1234 Edward St

15-

Filed....., 192.

Registrar.

FEB 2 - 1926

THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 30-1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1926 to Jan 30 1926, that I last saw her alive on Jan 30 1926, and that death occurred, on the date stated above, at 8-10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Thomas, M. D

1-31-1926 (Address) 822 N. Bond St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. asbury cemetery

DATE OF BURIAL. Feb 4 1926

20-UNDERTAKER. Edward Bryan

ADDRESS 1631 orleans st

in plain terms, so that it may be properly coded. instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 06566

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 06566

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 409 N. Dunbarn ST., 6-1 WARD)

2-FULL NAME Geo Jackson Jr.

(a) RESIDENCE NO. 409 N Dunbarn WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 18, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	18	—	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer, Lo

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Geo Jackson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Amanda Jackson

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Amanda Jackson mother
(Address) 409 N Dunbarn st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926, to Jan 30, 1926.

that I last saw h alive on Jan 30, 1926.

and that death occurred, on the date stated above, at 9 20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.C. Unknown
(duration) — yrs. mos ds.

CONTRIBUTORY —
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Gadsby, M. D.

31, 19 (Address) 1424 Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery — DATE OF BURIAL Feb 3 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1691 orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information is very important. See instructions on back of certificates.

FEB 2 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06567

CERTIFICATE OF DEATH.

66

E 06567

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 White ave ST. Hamilton 27-11 WARD)

2-FULL NAME Emil Guenther

(a) RESIDENCE No. 103 White ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ? unknown

6 DATE OF BIRTH (month, day, and year) June 22, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ 013

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Alice Neck

(Address) 103 White ave

15 Filed ..., 19 FEB 2 - 1926 Registrar K K

C. HAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Janey 1, 1926, to Feby 1, 1926, that I last saw him alive on Janey 31, 1926, and that death occurred, on the date stated above, at 8 a, m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic alcoholism

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Gustav Dill M. D.

2/2 1926 (Address) 1509 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feby 3 1926

20 UNDERTAKER C W Dill

ADDRESS 3109 Reed ave

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06568

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06568

CERTIFICATE OF DEATH.

9-1 11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3524 Old York Rd. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Raab.

(a) RESIDENCE NO. 3524 old York Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. — mos. — ds. How long in U. S., if of foreign birth? 71 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Conrad Raab

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Wm. Jas. G. Evans

(Address) 3524 Old York Road

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1926, to Jan 31, 1926, that I last saw her alive on Jan 31, 1926, and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. W. Hoess, M. D.

Jan 31. 1926 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery Randallstown Md. | DATE OF BURIAL: Feb 3 1926

20 UNDERTAKER Henry Hoch & Son | ADDRESS 1301 E Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06569 11-00E 06569

CERTIFICATE OF DEATH.

E 06569

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2020 Edmondson Ave ST., 165 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Washington Everly

(a) RESIDENCE NO. 2020 Edmondson Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa E. Everly

6 DATE OF BIRTH (month, day, and year) Sept 16. 1840

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min
85	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Strasburg Va

PARENTS

10 NAME OF FATHER Philip Thowlis Everly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Nancy Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Rosa E. Everly (Address) 2020 Edmondson Ave

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 8 1926 to Jany 31 1926

that I last saw him alive on Jany 30 1926

and that death occurred, on the date stated above, at 7 20 m.

The CAUSE OF DEATH* was as follows:

1 Broncho-Pneumonia

(duration) 1 yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Lagrippe

(duration) yrs. mos. 23 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. McNeily, M. D.

Feb 1, 1926 (Address) 108 N Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem DATE OF BURIAL Feb 3 1926

20 UNDERTAKER Jos Jacobs & Son ADDRESS 2178 Pace

CAUSE OF DEATH. See instructions on back of certificate. TION is very important

Spec.—1-10-21—M&T—1500 Bks.

E 06570

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06570

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1875 N Collington ST. 8-2 WARD)

2-FULL NAME William Lewis Hammer

(a) RESIDENCE NO. 1875 N. Collington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 12, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	3	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Richard A Hammer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Louise Burk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Richard Hammer
(Address) 1875 N Collington Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7 Feb 1 1926

17

I HEREBY CERTIFY, That I attended deceased from June 21, 1926, to 7 Feb 1, 1926.

that I last saw him alive on 7 Feb 1, 1926.

and that death occurred, on the date stated above, at 5-15-P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Frahm, M. D.

2/1, 1926 (Address) 1823 N. Wash st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Md. DATE OF BURIAL 2 1926

ADDRESS

20 UNDERTAKER Wm Cook 922 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly Classified. TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-002

E 06571

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kepler

(a) Residence No. 2291 N Wolfe St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1853

7-AGE 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Street Cleaner

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14 (Informant) Baltimore City Hospitals

(Address) Records

15- Filed ..... 192 ..... Registrar. RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 1, 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec. 31 19 25 to Feb. 1 19 26

that I last saw h[illegible] alive on Feb. 1 19 26

and that death occurred, on the date stated above, at 2-4 m.

The CAUSE OF DEATH* was as follows:

Residual hemiplegia - Rt.

(cerebral thrombosis)

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 3 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

2/1, 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Dallo Cem DATE OF BURIAL. Feb 3 19 26

20-UNDERTAKER. Wm Cook ADDRESS 502 E York.

In plain terms, so that it may be understood, answer instructions on back of certificates.

FEB 7 1926 C. HAMPSON JONES, M.

Spec.—1-10-21—M&T—1500 Bks.

E 06572 HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001
E 06572

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 417 N Fremont Ave ST. 17-3 WARD)

2-FULL NAME Thomas R Young

(a) RESIDENCE No. 417 N Fremont Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Marys Co Md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): Vincent Young 417 N. Fremont Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Jan 20, 1926, that I last saw him alive on Jan 20, 1926, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? None

What test confirmed diagnosis? None

(Signed) J. R. Casey, M. D.

, 19 (Address) 1834 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Feb. 3 1926

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 322 N. Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

FEB 2 1926 HAMPSON JONES, M. D.

Spec. 1 16 21 M&T 1500 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06573

CERTIFICATE OF DEATH.

11-006 E 06573

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 06573

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 N. Glover ST., 6 WARD)

2-FULL NAME Michael H. Wagner.

(a) RESIDENCE NO. 437 N. Glover ST., 6 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth A. Wagner

6 DATE OF BIRTH (month, day, and year): aug. 24th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Cooper

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth A. Wagner (Wife)
(Address) 437 N. Glover St.

15 Filed , 19 RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 – , 1926 , to Jan 31 – , 1926 ,

that I last saw h— alive on Jan 30 , 1926 ,

and that death occurred, on the date stated above, at 8 00 , m.

The CAUSE OF DEATH* was as follows:

1a Pneumonia –

(duration) 2 yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia –

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? – Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Frank Bowers, M. D.

, 19 (Address) 125 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Feb. 4th 1926

20 UNDERTAKER: Lilly Zeiler

ADDRESS: 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 06574 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06574

CERTIFICATE OF DEATH.

REGISTERED NO. 2276

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2411 Fleet St. (St.:) V (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Long

(a) RESIDENCE. NO. 2424 Fleet St (St.,) 1 (Ward.)

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of the late Mary Long.

6 DATE OF BIRTH (month, day, and year) Sept. 13th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER John Long.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Andrew Long. (Address) 2411 Fleet St.

15 Filed FEB 2 - 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19 24 to Jan 31, 19 26

that I last saw h[illegible] alive on Jan 30, 19 26

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Paresis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Est Hayward, M. D.

(Address) Feb 1-1926, 228 W Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Feb 4th 1926
20 UNDERTAKER	ADDRESS
Lilly-Zeiler	4038 Wolfe

CAUSE OF DEATH to be plainly written, and must be filled in. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 06575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 06575

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 3109 McElderry St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Coldewy

(a) RESIDENCE NO. 3109 McElderry St. 7 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	wjite	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Coldewy

6 DATE OF BIRTH (month, day, and year): July 27/1852

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	73	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Mariner

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Holland

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Holland

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Holland

14 Informant: Mary E. Coldewy

(Address): 3109 McElderry

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Neck -Accidently fell down stairs in his home

..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Kolan M. D.

(Coroner)

2/2/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: Feb 3rd 1926

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 4033 Aloyd

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 06576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 06576

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Francis ST. 13-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary V. DeBord

(a) RESIDENCE NO. 2609 Francis ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE Wht

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Wm J. DeBord 1865

6 DATE OF BIRTH (month, day, and year) March 8th 1865

7 AGE Years 50 Months 10 Days 21 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Virginia (State or country)

PARENTS

10 NAME OF FATHER Jno W. DeBord

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Helen Harris

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Mr Marcia L. Allred (Address) 2609 Francis St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1926, to July 1st, 1926, that I last saw h[er] alive on June 31st, 1926, and that death occurred, on the date stated above, at 6.50 A. m.

The CAUSE OF DEATH* was as follows:

Coronal Acute Bronchitis

Mit. Valvular Heart

disease

(duration) ..... yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Gen. Weakness

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptomatology

(Signed) E Schmidt, M. D.

July 1, 1926 (Address) 1305 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dalton Va — DATE OF BURIAL Jan 3 1926

20 UNDERTAKER John J Fields — ADDRESS 1200 W. Lombard St

FEB 2 - 1926 LAWSON-JONES CO.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXPLANATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 06577

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06577

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 James ST. 21-2 WARD)

2-FULL NAME Katharine M. Farrell,

(a) RESIDENCE NO. 1323 James, ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 8 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23-1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	8.	8.	

8 OCCUPATION OF DEGEASED

(a) Trade, profession or particular kind of work: House work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph M. Farrell,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A. Connelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Mary A. Farrell,
(Address) 1323 James St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31st, 1921.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1921, to Jan 31, 1921, that I last saw h[illegible] alive on Jan 30, 1921, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 8 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no Physical Exam.

What test confirmed diagnosis? .....

(Signed) C. W. Hanna M. D.

Jan 31, 1921 (Address) 18 22 W Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Erin Cem. Harve de Grace Md

DATE OF BURIAL: Feby 3 1921

20 UNDERTAKER: Chas G. Cowan

ADDRESS: Harve de Grace Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

[illegible] 1921 [illegible] Registrar

Cor.—1-12-23—M&T—100 Bks.

E 06578

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06578

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1604 Clifton Ave ST. 15-13 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G Darer (Dorer)

(a) RESIDENCE NO. 1604 Clifton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~

6 DATE OF BIRTH (month, day, and year) Oct 30, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	48	3	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick Dorer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Kahler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edward Darer
(Address) 1604 Clifton Ave

15 Filed ..... 192 ..... Registrar

TION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

0 (duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

(Signed) J. C. Bates, M. D.
(Coroner)
Feb 1 192 (Address) 1536 Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cemetery — DATE OF BURIAL Feb 3 1926

20 UNDERTAKER Joseph Syfer — ADDRESS 1600 W. North Ave

FEB 2 - 1926 HAMPSON JONES, M.D.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06579

CERTIFICATE OF DEATH.

49 E 06579

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. ..... ST., 15-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Michael Mahoney

(a) RESIDENCE NO. 2912 Westwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or WIFE of Catherine Mahoney

6 DATE OF BIRTH (month, day, and year) Dec 24, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	64	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman Elec

(b) General nature of Industry, business, or establishment in which employed (or employer) Electric

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Mahoney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Atkinson (Address) 2912 Westwood Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1925, to Feb. 1, 1926

that I last saw him alive on Jan. 31, 1926

and that death occurred, on the date stated above, at 6.15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) ..... yrs. ? mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Jan 2, 26

Was there an autopsy? No

What test confirmed diagnosis? Clinical Prostatectomy

(Signed) Geo. D. Lippay, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Feb. 4 1926

20 UNDERTAKER Margaret G. Flynn — ADDRESS 1422 Eutaw St.

CAUSE OF DEATH must be stated plainly, and in accordance with the International Classification of Diseases. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 06580 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06580

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3227 Fait ave ST 76-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles James

(a) RESIDENCE NO. 3227 Fait ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE~~ of Pauline James

6 DATE OF BIRTH (month, day, and year) April 3-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Anna Rohne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mr. Elmer Berle

(Address) 1200 S. Linwood Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31- 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 24th, 1926, to Jan 31- 1926.

that I last saw h[illegible] alive on Jan 31- 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: -

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. H Herrman, M. D.

(Address) 7913 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cem. DATE OF BURIAL Feb. 4 1926

20 UNDERTAKER Zirkler + Zirkler ADDRESS 1734 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

2 1926 C. HAMPSON JONES, M. D. Registrar

RRV

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06581

CERTIFICATE OF DEATH.

11-02 06581

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 S. Robinson ST., 1-4 WARD)

2-FULL NAME Catherine Rodenberg

(a) RESIDENCE NO. 422 S. Robinson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 30- 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	22	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Frederick Rodenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Hagey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Frederick Rodenberg

(Address) 422 S. Robinson St.

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Jany 25th, 19 26, to Feby 1st, 19 26, that I last saw h[illegible] alive on Feby 1st, 19 26, and that death occurred, on the date stated above, at 10 1/2 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Influenza.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible], M. D.

2, F. 19 (Address) 1011 N. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL Feb 4 1926

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06582 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06582

CERTIFICATE OF DEATH. 101-601

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 O'Donnell St. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Hill

(a) RESIDENCE NO. 3305 O'Donnell ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Hill

6 DATE OF BIRTH (month, day, and year) July 4 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	73	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Annapolis (State or country) Md.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Caroline Hill (Address) 3305 O'Donnell St.

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1926

17 I HEREBY CERTIFY, That I attended deceased from June 28 1925, to Feb 2nd, 1926, that I last saw h... alive on Feb 1st, 1926, and that death occurred, on the date stated above, at 3.50 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) ..... M. D.

2-2, 1926 (Address) 1011 N. Eden St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL Feb 5 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec. 10-21—M&T—1500 Bks.

1825

E 06583

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

44 E 06583

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 71 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Shuler

(a) RESIDENCE No. 938 N. Bond ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6 DATE OF BIRTH (month, day, and year) Dec 4 - 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Picture Agent

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

086

9 BIRTHPLACE (city or town) (State or country) Ind -

PARENTS

10 NAME OF FATHER Jesse Shuler

11 BIRTHPLACE OF FATHER (city or town) Ind - (State or country)

12 MAIDEN NAME OF MOTHER Lucinda Crowe

13 BIRTHPLACE OF MOTHER (city or town) Ind (State or country)

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1926, to Feb. 1st, 1926.

that I last saw h[illegible] alive on Feb. 1st, 1926,

and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

Carcinomatosis of peritoneum

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? W. Va.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Louis E Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL Feb. 3 1926

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly [illegible] TION is very important. See instructions on back of certificates.

FEB 3 1926

Per PARA

Stock—12-23-21—E.B.R.S.—400 Blks.

E 06584

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06584

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1037 Fayette St., 18-2 Ward) Registered No. 161-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs Emma L. Libutti

(a) Residence No. 1037 Fayette St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1/29/26

7-AGE. 5 months

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore

(State or Country) Md

PARENTS.

10-NAME OF FATHER, Jno Libutti

11-BIRTHPLACE OF FATHER (city or town) Italy

(State or Country),

12-MAIDEN NAME OF MOTHER, Edna Dyer

13-BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or Country). Md

14-

(Informant).....

(Address).....

15-

Filed....., 192.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/30/26

17- I HEREBY CERTIFY, That I attended deceased from 1-29-, 1926, to 1-30-, 1926, that I last saw him alive on 1-29-, 1926, and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Immaturity

(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of.....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Clifford L. Adams, M. D.

1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, DATE OF BURIAL, ..., 19....

20-UNDERTAKER, ADDRESS

instructions on back of certificates.

C. HAMPSON JONES, M. D. UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06585

E 06585

CERTIFICATE OF DEATH.

401-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hosp ST., 15-11 WARD)

2-FULL NAME Mrs Rose Jones

(a) RESIDENCE NO. 2130 Guilford ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm R Jones

6 DATE OF BIRTH (month, day, and year): Dec 3-1876

7 AGE: Years 49 | Months 1 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md. Harford Co

PARENTS

10 NAME OF FATHER: Nelson Jarrett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lancaster Pa

12 MAIDEN NAME OF MOTHER: Sarah Jane Lapsley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Wife 2130 N Guilford Ave

15 Filed ....., 19 ..... Registrar

C. HAMILTON JONES, M. D.

2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Feb 1, 1926,

that I last saw h alive on Feb 1, 1926,

and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (over)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cholecystitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A Foley, M. D.

, 19 (Address) 101 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gladwin Park Co

DATE OF BURIAL: Feb 4-26

20 UNDERTAKER: J. Wilson & Co

ADDRESS: 723 W Fay

CAUSE OF DEATH in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 06586 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 06586

16

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Augsburg Home

City of BALTIMORE: (No. 746 N Lexington St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Ebert

(a) Residence No. 746 N Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Divorced

5a-If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ WIFE of John Rodle

6-DATE OF BIRTH (month, day and year) Sept. 9 1840

7-AGE. 85 yrs. 4 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Henry Ebert

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Wilhelmina Althoff

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14- (Informant Augsburg Home Record)

(Address)

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 1. 1926

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926 to Feb 1. 1926

that I last saw her alive on Jan 29 1926

and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

Old age

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo W Hergenrater M. D.

2/1, 192 (Address) 3002 Garrison Av

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL York Pa

DATE OF BURIAL, 2-4 1926

20-UNDERTAKER. Mrs Chas A S Rohde

ADDRESS 400 Arlington Ave

12 PM

In plain terms, so that it may be easily understood, please read instructions on back of certificates.

Spec.—12-23-21—E.B.P.S.—400 Bks.

E 06587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06587

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH Augsburg Home

Registered No. 4-1

City of BALTIMORE: (No. 746 N Lexington St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Stulpnagel

(a) Residence No. 746 N Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown mos. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of unknown

6-DATE OF BIRTH (month, day and year) March 21 1843

7-AGE 82 yrs. 10 mos. 11 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14- (Informant) Augsburg Home Record

(Address)

15- Filed 193 Registrar.

RPH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 1. 26

I HEREBY CERTIFY, That I attended deceased from Jan 20 1926 to Feb 1 1926

that I last saw h[illegible] alive on Jan 29 1926

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) old age

(Duration) yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry Heiligenstein M. D.

2/2 1926 (Address) 3002 Harrison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Pauls. Druid Hill Ave. DATE OF BURIAL. 2-3 1926

20-UNDERTAKER. Mrs Chas G Ridder ADDRESS 60 Marlington Ave

In plain terms, so that it may be read, instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06588

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06588

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 930 Harlem Ave ST., 16-7 WARD)

REGISTERED NO. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice C. Hennessie

(a) RESIDENCE No. 930 Harlem Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Oct 6 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Michael J. Hennessie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Catherine Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. John J. Sterb. (Address) 930 Harlem Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17

I HEREBY CERTIFY, That I attended deceased from July 1923 to Jan 31 1926.

that I last saw h alive on Jan 31 1926.

and that death occurred, on the date stated above, at 11 55 P m.

The CAUSE OF DEATH* was as follows:

Primary Cancer of Breast

Secondary of Ilium

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Exploration Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. C. Bennett, M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL Feb 3 1926.

20 UNDERTAKER Janaro Dignan

ADDRESS 1000 S Paca St

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

E 06589

HEALTH DEPARTMENT—CITY OF BALTIMORE

41-OE 06589

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 S Gilmor ST. 19-2 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celia Donohue

(Residence in Baltimore: No. 121 S Gilmor St.; 64 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. February 4th, 1864 (Month) (Day) (Year)

7-AGE. 61 yrs. 11 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 051

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Stokes

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James F. Donohue

(Address) 121 S. Gilmor Street

15-

Filed ....., 191.....

C. HAMPSON JONES, M.D.
FEB 2 1926
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1926, to Jan 31 1926, that I saw her alive on Jan 30 1926, and that death occurred, on the date stated above, at 11:20 a. m.

The CAUSE OF DEATH* was as follows:

General Arterio-Sclerosis

(Duration) Several yrs. ..., ... mos. ..... ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) Several yrs. ..., ... mos. ..... ds.

(Signed) M. J. Smith M. D.

Jan 31, 1926 (Address) 11 S. Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem

DATE OF BURIAL, Feb 3rd, 1926

20-UNDERTAKER Harold Cook

ADDRESS 1003 W Balto St

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 06590

HEALTH DEPARTMENT—CITY OF BALTIMORE E 06590

CERTIFICATE OF DEATH.

19-158-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 W. Baltimore St., WARD 19)

2-FULL NAME Mary A. Carr

(a) RESIDENCE NO. 1717 W. Baltimore, Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Thomas Carr

6 DATE OF BIRTH (month, day, and year) Sept. 16, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Texas
(State or country) Baltimore County

PARENTS

10 NAME OF FATHER Frank R. McGrann

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Roche

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Catherine Irene Burton
(Address) 1717 W. Baltimore St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1, 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 19 25, to Feb. 1, 19 26,

that I last saw her alive on Jan. 31, 19 26,

and that death occurred, on the date stated above, at 1:55 a.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Revolelum M. D.

, 19 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL Feby 4 1926

20 UNDERTAKER Harry R Neumann

ADDRESS 4204 Ridgewood Ave

CAUSE OF DEATH. See instructions on back of certificates. TION is very important

2-1926

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06591

E 06591

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Baltimore Md —

CITY OF BALTIMORE: (No.) 906 St Paul St. (ST.) 11-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Clarke Mackenzie.

(a) RESIDENCE NO. 906 St Paul St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Mackenzie.

6 DATE OF BIRTH (month, day, and year): May 28th 1861

7 AGE: Years 64 — Months 9 May 28 1861 — Days 3 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): "Mellonbrook" Prince Georges Co. Maryland.

PARENTS

10 NAME OF FATHER: David Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prince Georges Co. Md —

12 MAIDEN NAME OF MOTHER: Rachel Bet Pratt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prince Georges Co. Md.

14 Informant: Alice Mackenzie Clark —

(Address) 906 St Paul St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 1st 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1925, to Feb 1st, 1926.

that I last saw her alive on Feb. 1st, 1926,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:-

Mitral Insufficiency

Myocarditis Acute & Chronic

Fatal

(duration) yrs. ~~mos~~ ~~ds~~

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Howard M. D.

, 19 (Address) 8 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Feb 3 1926

20 UNDERTAKER: Henry W. Jenkins' Sons Co

ADDRESS: Richard McElroy

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

FEB 6 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

E 06592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 49 E 06592

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas L. Brisendine

(a) RESIDENCE NO. Charlotte N. C. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1876.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
50	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 014

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Chas. H. Brisendine

11 BIRTHPLACE OF FATHER (city or town) Ga -

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26th, 1926, to Feb. 2nd, 1926, that I last saw h. alive on Feb. 2nd, 1926, and that death occurred, on the date stated above, at 12 05 a.m.

The CAUSE OF DEATH* was as follows:

Kidney Tumor, (removed at operation)
Wound infection, with localized peritonitis.

(duration) 0 yrs. 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan. 27, 1926

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) W. W. Speck M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlotte N. C. DATE OF BURIAL Feb 2 1926

20 UNDERTAKER John O Mitchell ADDRESS 1201 W Fayette st

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Thweatt

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06593

CERTIFICATE OF DEATH

129 E 06593

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 559 E Thirty-eighth St., or WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Alphonsus Thweatt

(a) RESIDENCE NO. 557 E Thirty-eighth St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 8 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Philip Thweatt

6 DATE OF BIRTH (month, day, and year) June 2nd 1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7 8	29 0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John H Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sophia Bonn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Philip Thweatt

(Address) 559 E Thirty Eighth St

15 Filed , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 1 1926

17 I HEREBY CERTIFY, That I attended deceased from May, 1924, to Feby 1, 1926.

that I last saw h[illegible] alive on Feby 1, 1926

and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Davis M. D.

Feb 2 1926 (Address) 2108 Bonaparte

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL Feb 4 1926

20 UNDERTAKER Henry Watkins Sr & Co

ADDRESS Orchard & Ashe Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

FEB 2 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 06594

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 01
10 E 06594

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 3011 Forstman St.

CITY OF BALTIMORE: (No. 3011 " ST. 12-1 WARD)

2-FULL NAME Anne Cecelia Walker

(a) RESIDENCE NO. 3011 Forstman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND OF~~ (b) WIFE of: Edwin M. Walker

6 DATE OF BIRTH (month, day, and year): Oct. 18-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Mr. Samuel Kurtz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Ann C. Gorman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Miss Angela C. Walker, (Address) 3011 Forstman St.

15 Filed ..., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1926 to Feb 1, 1926

that I last saw h[illegible] alive on Feb 1, 1926

and that death occurred, on the date stated above, at 11.15 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary): Not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. S. Parker M. D.

, 19 (Address) 6123 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Feby. 4 1926.

20 UNDERTAKER: Elmer W. Conklin — ADDRESS: 924 E. Eager

2-1926 C. H. THOMPSON JONES, M. D.

P.P.H.

CAUSE OF DEATH in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 06595

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

E 06595

REGISTERED NO. 171

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 416 S. Sharp St. ST., 22-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph G. Clem.

(a) RESIDENCE NO. 416 S. Sharp St. ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 22, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	10	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Raymond G. Clem.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md.

12 MAIDEN NAME OF MOTHER Lucy V. Ashburn.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Lucy V. Clem. (mother)
(Address) 416 S. Sharp St.

15 Filed ..... 192 ..... Registrar

TION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 1, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcohol poisoning.
accidental.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Feb. 1, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 2/3 1926

20 UNDERTAKER William Cook

ADDRESS 502 E. Wash

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06596

CERTIFICATE OF DEATH.

11-001

E 06596

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1748 Clarkson St — ST. 23-2 WARD)

2-FULL NAME Guy Hall Lisk —

(a) RESIDENCE NO. 1748 Clarkson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 27-87

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	4	

8 OCCUPATION OF DECEASED Chauffeur

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Driver

(c) Name of employer Broden Bakery

9 BIRTHPLACE (city or town) (State or country) Balto —

PARENTS

10 NAME OF FATHER Frank Lisk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto —

12 MAIDEN NAME OF MOTHER Emma A. Heinder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto —

14 Informant (Address) Frank Lisk 1748 Clarkson St —

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1926

17 I HEREBY CERTIFY, That I attended deceased from July 31 — 1926, to July 1 — 1926.

that I last saw him alive on July 31 — 1926

and that death occurred, on the date stated above, at 4,35 P.M. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical —

(Signed) H. Leftwich Ross, M. D.

19 (Address) 1340 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park, Feb. 3 — 1926

DATE OF BURIAL

20 UNDERTAKER H. M. Cook Co. & Sons

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

W White Baltimore Co

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06597

CERTIFICATE OF DEATH.

58-001

E 06597

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 McDonough ST., 17-1 WARD)

2-FULL NAME Nellie Lyon

(a) RESIDENCE No. 1038 McDonough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry S. Lyon

6 DATE OF BIRTH (month, day, and year) Oct. 3 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ind.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Harry S. Lyon

(Address) 1038 McDonough

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2- 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1926, to Feb 2, 1926, that I last saw h[illegible] alive on Feby 1, 1926, and that death occurred, on the date stated above, at 8 50 a.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W W White-Dr M. D.

, 19 (Address) 2800 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampton	Feb 4 1926

20 UNDERTAKER Mm Cook ADDRESS 502 Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

Ralph Hoyt 26 E Preston St

E 06598

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 06598

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4008 Main Ave ST. Druid Park WARD 15

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Lee Cann

(a) RESIDENCE NO. 4005 Main Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Homer R.

6 DATE OF BIRTH (month, day, and year): April 11 1864

7 AGE: Years 61 Months 9 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Steven Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Homer R. Cann

(Address): 4008 Main Ave

15 Filed . . . . , 19 . . . . Registrar

C. HAMPSON JONES, M.D.

2-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 1 1926

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1925, to Feb 1, 1926.

that I last saw her alive on Feb 1, 1926.

and that death occurred, on the date stated above, at 1-30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix & Intestines

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Asthma

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Ralph Hoyt, M. D.

2/2, 1926 (Address) 26 E Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Feb 4

DATE OF BURIAL: 1926

20 UNDERTAKER: H. M. Cook

ADDRESS: 502 E N. Ave

CAUSE OF DEATH in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06599 HEALTH DEPARTMENT—CITY OF BALTIMORE 74 E 06599

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen'l Hosp. ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gruner

(a) RESIDENCE NO. 936 Montpelier ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily J. Gruner

6 DATE OF BIRTH (month, day, and year) [illegible] 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George Gruner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emily J. Gruner. (Address) 936 Montpelier

15 Filed ....., 19 RKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) V.V.V.V 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/1, 1926, to 2/2, 1926,

that I last saw h[illegible] alive on 2/2, 1926,

and that death occurred, on the date stated above, at 10:50 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 5 hrs.

John Gruner

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Cardiac decompensation (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Jno Adams Jones, M. D.

, 19 (Address) Md Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

20 UNDERTAKER Wm Cook.

DATE OF BURIAL 2/5 1926

ADDRESS 502 N Howard St

CAUSE OF DEATH in plain terms, so that it may be of use in the compilation of statistics. TION is very important. See instructions on back of certificates.

2-5-1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 06600

E 06600

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Asquith St. 57 WARD)

2-FULL NAME Caroline E. Wilson

(a) RESIDENCE NO. 207 Asquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
F	C	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ? Wilson

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	79	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr. Jennings 731 Cathedral Ave. Baltimore Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Emma Handy

(Address) 207 Asquith street

15 Filed ....., 19 ..... Registrar

FEB 3 - 1926 HAMPSON JONES, M. D. Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1926, to Jan. 31, 1926, that I last saw her alive on Jan. 31, 1926, and that death occurred, on the date stated above, at 6:20 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Chronic Heart Disease

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. E. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel County — DATE OF BURIAL 2/3/26 19 26

20 UNDERTAKER Byron Wright — ADDRESS 1218 McElderry

CAUSE OF DEATH to be plainly written, so that it may be read. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

E 06601 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 06601

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715-Bolton-St. ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Capt. Charles Christopher Herman Jr.

(a) RESIDENCE NO. 1715-Bolton-St. ST., WARD (Resident)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? 44 yrs. 5 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta F. Herman

6 DATE OF BIRTH (month, day, and year) Aug-13-1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Army Capt.

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Army

(c) Name of employer U.S. Government

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Herman

11 BIRTHPLACE OF FATHER (city or town) ? ? ? ?
(State or country) Germany

12 MAIDEN NAME OF MOTHER Eleanor Distelbart

13 BIRTHPLACE OF MOTHER (city or town) ? ? ? ?
(State or country) Germany

14 Informant Mrs Augusta F. Herman (wife)
(Address) 1715-Bolton-St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 12th, 1925, to Feb 1st, 1926.

that I last saw h alive on Feb 1st, 1926.

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
also Tongue & Kidney

(duration) 5 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exanition, Exhaustion

(duration) yrs. 3 mos. ds.

18 Where was disease contracted, if not at place of death? in the Army

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination, Laboratory

(Signed) Joseph E. Gichner, M. D.

19 (Address) 3401 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: GREENMOUNT CEMETERY — DATE OF BURIAL: Feb-3-26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) — ADDRESS: 108 W. NORTH AVE.

CAUSE OF DEATH to be plainly written, no abbreviations or ditto marks. See instructions on back of certificates.

Spec.—1-10-21—M&T—1509 Rbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06602

CERTIFICATE OF DEATH.

10 E 06602

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (WARD)

2-FULL NAME Arthur Edward Thain Jr.

(a) RESIDENCE NO. 2116 Nth Holly ST., WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) July 20 - 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Arthur E. Thain

11 BIRTHPLACE OF FATHER (city or town) New York (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Jessie Kohl

13 BIRTHPLACE OF MOTHER (city or town) Jersey City (State or country) New Jersey

14 Informant Parents. (Address) 2116 Nth. Holly St.

15 Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to Feb 1, 1926, that I last saw him alive on Feb 1, 1926, and that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Diphtheria, pharyngeal + laryngeal.

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) — yrs. — mos. 4-5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Cultures.

(Signed) Bill Spencer, M. D.

2/1/26 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Feb 3 1926

20 UNDERTAKER STEWART & THOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

CAUSE OF DEATH to be written in plain terms, so that it may be understood. Abbreviations and terms of doubtful meaning are not to be used. ATTENTION is very important. See instructions on back of certificates.

HAMPSON JONES, M. D.

FEB 3 - 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06603

101-001 E 06603

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N. Wolfe ST., 7-V WARD)

2-FULL NAME Wm B. Smith Jr.

(a) RESIDENCE NO. 511 N. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Catherine Smith

6 DATE OF BIRTH (month, day, and year): June 2/59

7 AGE — Years: 66 Months: 7 Days: 28 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Md. Meter

(b) General nature of industry, business, or establishment in which employed (or employer): Works

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Geo. F. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Catherine Smith

(Address) 511 N. Wolfe St.

15 Filed ..... 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/30 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 26. 1926. to Jan 30. 1926.

that I last saw h[illegible] alive on Jan 30. 1926

and that death occurred, on the date stated above, at 9 10 P. m.

The CAUSE OF DEATH* was as follows:

A Lobar Pneumonia

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilder H White Jr. M. D.

. 19 (Address) 2800 N Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. DATE OF BURIAL: 2/3 1926

20 UNDERTAKER: Philip Herwig ADDRESS 2016 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06604

CERTIFICATE OF DEATH.

21 E 06604

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1746 E. Oliver ST., 8-3 WARD)

2-FULL NAME Laslo Bogardi

(a) RESIDENCE NO. 1746 E. Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Irma Bogardi

6 DATE OF BIRTH (month, day, and year) June 1/74

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	51	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Swift & Co.

9 BIRTHPLACE (city or town) (State or country) Hungaria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungaria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungaria

14 Informant Irma Bogardi

(Address) 1746 E Oliver St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Feb 1, 1926.

that I last saw him alive on Feb 1, 1926

and that death occurred, on the date stated above, at 10 45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

Tbc of 2d & 3d cervical vertebra

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Laryngeal Tbc - Tbc of penis + rectum. (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum - X-Ray

(Signed) Louis F. Krumrein, M. D.

, 19 (Address) 722 N. Kenwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 2/4 1926

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

FEB 3 1926 HARRISON JONES, M. D.

PK

Print—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06605 E 06605

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 6-1 Registered No.....

City of BALTIMORE: (No.....St.,.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Dyson

(a) Residence No. 17 N. Caroline St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1883

7-AGE 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Washington, D.C.

PARENTS.

10-NAME OF FATHER, Marcellus Dyson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Winnie Dyson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

11- (Informant) Baltimore City Hospitals Records

(Address).....

15- Filed..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 31, 1926

I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1926 to Jan. 31, 1926 that I last saw h[illegible]ive on Jan. 31, 1926 and that death occurred, on the date stated above, at 6:50 p.m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Residual hemiplegia - rt. - (cerebral thrombosis) - duration 2 wks

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(Duration) yrs. mos 1½ hrs

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) Lindsay Miller M. D.

2/2 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery DATE OF BURIAL, Feb 3 1926

20-UNDERTAKER. Edward Bryon ADDRESS 681 Orleans st

In plain letters, see instructions on back of certificates.

FEB 1926 C. HAMPSON JONES, M.D. Per

Spec.—1-10-21—M&T—1500 Bks.

E 06606 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06606

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3456 Hickory St. (Ward) 13-4

2-FULL NAME Cecil L. Mason

(a) RESIDENCE NO. 3456 Hickory Ave St., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) May 3 1923

7 AGE — Years: 2 — Months: 8 — Days: 29 28 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ..... (dno)

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Md. (State or country) .....

PARENTS

10 NAME OF FATHER William H Mason

11 BIRTHPLACE OF FATHER (city or town) Carlisle (State or country) .....

12 MAIDEN NAME OF MOTHER Lottie C Sherrer

13 BIRTHPLACE OF MOTHER (city or town) Ohio (State or country) .....

14 Informant William H Mason (Address) 3466 Hickory Ave

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23 1926, to Feb 1st 1926.

that I last saw h/W alive on Jan 31st 1926.

and that death occurred, on the date stated above, at 8 10 A.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ..... M. D.

2/1, 1926 (Address) 846 W 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden — DATE OF BURIAL Feb 4 1926

20 UNDERTAKER Chenowith & Son — ADDRESS 417 Chestnut

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. TION is very important.

FEB 5 1926

Spec.—8-24-14—M. & T.—2000 Bks.

06607

Crispen

Chrispin

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 06607

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Confederate Home 275 Route WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Chrispin 600 Old Bellona Ave

(Residence in Baltimore: No. Confederate Homens Home St.; Dont Know yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dont Know (Month) (Day), 1840? (Year)

7-AGE, 85? yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen C. Mess

(Address) 3102 Tilton St

15-

Filed ....., 191..... Registrar.

1926 C. HAMPSON JONES, M. D. For

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/15 1916, to 1/30 1916, that I saw h[illegible] alive on 1/30 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

1/31, 1916 (Address) 5535 Greenlea

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Feb 3rd, 1916

20-UNDERTAKER Henry H. Jenkins Sons Co

ADDRESS McCulloh & Madison Sts

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06608 — 129 — E 06608

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1344 Mosher st (ST.) (WARD) 16-6

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Fisher

(a) RESIDENCE No. 1344 Mosher st ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Fisher

6 DATE OF BIRTH (month, day, and year): 1846.

7 AGE: 80 Years 76 | Months — | Days — | If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14 Informant: Mrs Hannah Martin (Address) 1344 mosher st

15 Filed ..., 19 ... Registrar K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2nd 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 29th 26, 19 ..., to Feb 2nd 26, 19 ..., that I last saw h[illegible] alive on Feb 1st 26, 19 ..., and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Interstetial Nephritis

(duration) not known yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arterio - Sclerosis

(duration) not known yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Henry F Bergman M. D.

2/2, 19 26 (Address) 15 W Preston st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem — DATE OF BURIAL: Feb 5 1926

20 UNDERTAKER: Sam'l H Cave Son — ADDRESS: 1100 Madison

CAUSE OF DEATH to be plainly written. See that all items are answered. Penalty for failure to report DEATH within 24 hours after TION is very important. See instructions on back of certificates.

FEB 3 - 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06609

CERTIFICATE OF DEATH.

90 E 06609

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1344 Mosher ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Burke Fisher

(a) RESIDENCE NO. 1344 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms. So that it may be properly classified. TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm J. Fisher

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE: Years 63; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mrs Hannah Martyn

(Address): 1344 Mosher St.

15 Filed ....., 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1st 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1926, to Feb 1, 1926

that I last saw h[er] alive on Feb 1, 1926

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation of Heart

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F. Brown M. D.

2/2/1926 (Address) 1501 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem

DATE OF BURIAL: Feb 5 1926

20 UNDERTAKER: Kent & Pleasants

ADDRESS: 1625 Mosher

Spec.—1-10-21—M&T—1500 Bks.

E 06610

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06610

CERTIFICATE OF DEATH.

REGISTERED NO. 89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 E. North Ave. St. 8 W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Edward Henderson

(a) RESIDENCE NO. 1637 E. North ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie R. Henderson

6 DATE OF BIRTH (month, day, and year) Nov. 11-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Wm. T. Henderson

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Sarah Mitchell

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Mrs. Sadie R. Henderson

(Address) 1637 E. North Ave.

15 Filed ..... 19 ..... Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1926

17 I HEREBY CERTIFY, That I attended deceased from March, 1925, to 2/1, 1926,

that I last saw him alive on 2/1, 1926,

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no Clinical findings

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2/1, 1926 (Address) 1603 Rock ad

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem. DATE OF BURIAL Feb. 4, 1926

20 UNDERTAKER Wm. J. Tickner & Sons ADDRESS N. Y. Ave

Cor.—12-9-25—A Co.—200 Bks.

E 06611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 06611

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Richardson

(a) RESIDENCE NO. 527 N. Central Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) July 16/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	15	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Kent Island, Md

PARENTS

10 NAME OF FATHER Hubert Richardson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Odella Brooks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Odella Brooks

(Address) 527 N. Cent Ave

15 Filed 19 RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd & 3rd degree burns over almost entire body. Clothes caught fire from gas heating stove in bed roo.
(Accidebtal)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Walker M. D.
(Coroner)

2/2/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cemetery Date of Burial Feb. 3 1926

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1125 Ashland Av

IMPORTANT: Fill out this certificate in plain terms, so that it may be properly classified. Every statement is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06612

CERTIFICATE OF DEATH.

E 06612

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 304 20st 1/2 (St.) 12-5 (Ward)

2-FULL NAME Mary Ethel Randall

(a) RESIDENCE NO. 304 20st 1/2 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): April 1904

7 AGE: Years 21 | Months 10 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Robert Randall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D. C.

12 MAIDEN NAME OF MOTHER: Lucile Viers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Lucile Randall (Address) 304 20st

15 Filed ..., 19.. Registrar

FEB 3 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/1/26 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1926, to Feb 1, 1926.

That I last saw h alive on Feb 1, 1926 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH was as follows:

Acute Phthisis

Indefinite

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of ...

Was there an autopsy? —

What test confirmed diagnosis? Clinical Evidence

(Signed) R. Garland Churchill M. D.

Feb 3, 19 26 (Address) 1534 E. H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery — DATE OF BURIAL: 2/5/26 19

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1725 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001
E 06613

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Hubbard Alley 5-W WARD)

2-FULL NAME LaFrancis Robinson

(a) RESIDENCE NO. 616 Hubbard Alley WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6 DATE OF BIRTH (month, day, and year): April 8/1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or..... min.
	2 yrs	9 mo	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto, Md

PARENTS

10 NAME OF FATHER: James Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Martha Hullett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Martha Robinson 616 Hubbard alley

15 Filed ....., 19..... Registrar

CAUSE OF DEATH must be plainly stated. See instructions on back of certificate. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1926, to Feb 1, 1926,

that I last saw her alive on Jan 31, 1926,

and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): not known (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) R. L. Esslinger, M. D.

, 19 (Address) 1514 Balto St Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetry — DATE OF BURIAL: Feb 3 1926

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1700 Ashland Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06614

CERTIFICATE OF DEATH.

11-0 E 06614

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital 1-4 WARD)

2-FULL NAME Bennie Gold

(a) RESIDENCE NO. 3019 E. Balto ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Gold

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

9 BIRTHPLACE (city or town) ... (State or country) Russia

PARENTS

10 NAME OF FATHER Eda Gold

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Russia

14 Informant Esther Gold
(Address) 3019 E Baltimore

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ... yrs. ... mos. 1 ds.

(Signed) L. G. Wades, M. D. (Coroner.)

Feb 2 1926 (Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehoboth Cemetery DATE OF BURIAL 2/3 1926

20 UNDERTAKER Jack Levin ADDRESS 1439 E Balto

Spec.—1-10-21—M&T—1500 Blks.

E 06615 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06615

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Park Heights Avenue, 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Castine

(a) RESIDENCE No. 3911 Park Heights Avest., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Castine

6 DATE OF BIRTH (month, day, and year) ------ 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Cattle Dealer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rose Castine (Wife)

(Address) 3911 Pk. Hgts. Ave.,

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 2 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to Feb 2, 1926, that I last saw h alive on Feb 1, 1926, and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas J Block, M. D.

2-3-1926 (Address) 20 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 2/3 1926

20 UNDERTAKER: Jack Lewis 1434 E Balto St — ADDRESS

CAUSE OF DEATH TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 06616 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06616

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Hampson St. 14-L WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabel Skinner

(a) RESIDENCE No. 824 Hampson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Alexander Skinner

6 DATE OF BIRTH (month, day, and year) Jan 7, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) Lexington (State or country) N. C.

PARENTS

10 NAME OF FATHER Joseph Green

11 BIRTHPLACE OF FATHER (city or town) Lexington (State or country) N C

12 MAIDEN NAME OF MOTHER Patsy Hairston

13 BIRTHPLACE OF MOTHER (city or town) Lexington (State or country) N C

14 Informant Mary Hairston

(Address) 814 Hampson St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7th 19 26 to Jan. 30th 1926, that I last saw her alive on Jan 30th 1926, and that death occurred, on the date stated above, at 11:40 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 7 yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) A. Lee Elzey, M. D.

2/2, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodberry Cem DATE OF BURIAL 2/3 1926

20 UNDERTAKER Jas. M. Skinner ADDRESS 1620 E. Madison

CAUSE OF DEATH to be plainly written, so that no two diseases may be confounded. TION is very important. See instructions on back of certificates.

FEB 3 1926

Spec.—1-10-21—M&T—1500 Bks.

E 06617

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 06617

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 604 N. Bond St. 7-1 WARD

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST.,

2-FULL NAME Baby Catherine Spriggs

(a) RESIDENCE NO. 604 N. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 5/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	0	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Walter Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Lillian Spriggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Lillian Spriggs
(Address) 604 N. Bond St

15 Filed ..... 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-1-26 19

17 I HEREBY CERTIFY, That I attended deceased from 1-31-26, 19 ..., to 2-1-26, 19 ...,

that I last saw h[illegible] alive on 1-31-26, 19 ...,

and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

..., 19 ... (Address) 420 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Usbury Cem — DATE OF BURIAL 2/4 1926

20 UNDERTAKER Jas. W. Skinner — ADDRESS 1620 E. Madison

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. TION is very important.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06618 — 170 — E 06618

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 522 Ravenswood Ave St. 27-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arnold J. Gude

(a) RESIDENCE NO. 522 Ravenwood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Olive A. Hude

6 DATE OF BIRTH (month, day, and year) Aug 10/1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Custom Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Government

(c) Name of employer 086

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Gude

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Lawrence L Carnan

(Address) 522 Ravenswood Ave

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2/20

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot Wound in Rt. Temple
Suicide

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Ill health

..... (duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Hall M. D.
(Coroner)

2/2/20 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — Date of Burial Feb 5 1926

20 UNDERTAKER Wm. Cook — ADDRESS 508 E North Ave

OF DEATH in plain terms, so that it may be properly classified. Please write very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06619

CERTIFICATE OF DEATH.

10-2 100-001

1-PLACE OF DEATH

REGISTERED NO. E 06619

CITY OF BALTIMORE: (No. 1551 Friendship ST. 10-2 WARD)

(If death oc a hospital or tion, give its instead of st number.)

2-FULL NAME William R Stevenson

(a) RESIDENCE. No. 904 N. Eden ST., WARD.

(Usual place of abode) (If nonresident give city or town a

Length of residence in city or town where death occurred 3 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

7a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 7 1922

7 AGE — Years: 3 — Months: 1 — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Frank Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary J. McGeehan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mary J. McGeehan 1551 Friendship St

15 Filed ..... 19 ..... Registrar

FEB 3 1926

61790-5

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2

17 I HEREBY CERTIFY, That I attended d

Jan 31 , 19 26, to Feb 2

that I last saw h alive on Feb 1

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Bronchial Pneu

(duration) yrs.

CONTRIBUTORY (Secondary) Cardiac Paresi

(duration) yrs.

18 Where was disease contracted if not at place of death? 904 N. Ed

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Chas A Fletch

, 19 (Address) 1807 N

*State the Disease Causing Death, or in deaths from state (1) Means and Nature of Injury, and (2) whet Suicidal, or Homicidal. (See reverse side for additional s

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

20 UNDERTAKER: Swarton Talbert Co

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06620

CERTIFICATE OF DEATH.

E 06620

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Strain Memorial Hospital ST., ... WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. White

(a) RESIDENCE NO. 1809 Edmondson Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Indie White

6 DATE OF BIRTH (month, day, and year) Dec 17 1872

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	1	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Lancaster Pa
(State or country)

PARENTS

10 NAME OF FATHER John C White

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Alves Hoops

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Penna.

14 Informant Indie M. White
(Address) 1809 Edmondson Ave

15 Filed ..... 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) I find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Morrison, M. D.
(Coroner.)

Feb 2, 1926 (Address) 1532 Roland Ave

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
West Nottingham Cecilton	Feb 5 1926
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

R-3-1926

Spec.—8-24-14—M. & T.—2000 Blks.

E 06621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-002

E 06621

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 W. Lexington St. 4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Leroy Russo

(Residence in Baltimore: No. 604 W Lex. St.; ....yrs., 3 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M	W	S

6-DATE OF BIRTH. Oct. (Month) 8 (Day) 1925 (Year)

7-AGE. 3 yrs. 25 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): do

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER. Peter Russo

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Annie K. Zolvig

13-BIRTHPLACE OF MOTHER (State or Country). Ky.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Russo

(Address) 604 W Lexington

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 2, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 23 1926, to Feb. 2 1926; that I saw him alive on Feb. 2 1926, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition complicated by Profound Anemia

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 2 ds.

(Signed) William Deer M. D.

Feb 5, 1926 (Address) 2901 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem

DATE OF BURIAL, Feb. 5, 1926

20-UNDERTAKER W M Poulson

ADDRESS 230 E Lanvale

important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 06622 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06622

CERTIFICATE OF DEATH.

REGISTERED NO. 181

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 N. Calvert St. ST. 113 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Walters.

(a) RESIDENCE NO. 627 N. Calvert St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. (Address) Central District.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.
Respiratory paralysis.
Accidental Death.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos ..... ds.

(Signature) Otto M. Reinhardt (Coroner.), M. D.

Feb, 2, 1926 192 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
FEB 3 - 192

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06623

REGISTERED NO. 90 E 06623

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. 5-1 WARD)

2-FULL NAME Daniel Crowley

(a) RESIDENCE NO. Levering House 100 N. Front St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	-----	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 0 0
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Dr. Bumgard.
(Address) Mercy Hospital.

15 Filed ..... 192 ..... RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

Feb. 2, 1926 192 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND	192
20 UNDERTAKER Commissioner Health.	ADDRESS

TION is very important. See instructions on back

FEB 5 1926 CORONER'S PHYSICIAN

FEB 5 1926 MORGUE

Cor.—1-12-23—M&T—100 Bks.

E 06624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-201

E 06624

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. B. Teul Hosp ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Carter

(a) RESIDENCE NO. 628 W. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Carter

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

070

9 BIRTHPLACE (city or town) Westmoreland Co Va
(State or country)

PARENTS

10 NAME OF FATHER Henry Thompson

11 BIRTHPLACE OF FATHER (city or town) Westmoreland Co Va
(State or country)

12 MAIDEN NAME OF MOTHER Katie Thompson

13 BIRTHPLACE OF MOTHER (city or town) Westmoreland Co Va
(State or country)

14 Informant Julia Clark
(Address) 2428 Stockton St

15 Filed ..... 192 ..... Registrar

TION is very important. See instructions on ... HAMPSON JONES, M. D.

FEB 5 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) C Laustrom

(duration) yrs. mos. 1 ds.

(Signed) J. C. Blades, M. D.
(Coroner)

Feb 2 192 (Address) 1436 W Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	2/3 1926
20 UNDERTAKER Samuel N Hemsley	ADDRESS 578 N Bond

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06625

CERTIFICATE OF DEATH.

11-001 E 06625

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 552 Baker ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Waters

(a) RESIDENCE NO. 552 Baker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of Mary Waters (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	75	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer) For self

(c) Name of employer " "

9 BIRTHPLACE (city or town) (State or country) Frederick Co Md

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Charlotte —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant William B Waters

(Address) 1323 N Gilmor St

15 Filed ....., 19 ..... Registrar R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31st 1926

17 I HEREBY CERTIFY, That I attended deceased from January 25th, 1926, to January 31, 1926.

that I last saw him alive on January 31, 1926.

and that death occurred, on the date stated above, at 2.55 p. m.

The CAUSE OF DEATH* was as follows:

La Grippe (duration) yrs. — mos 7 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia (duration) yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms etc

(Signed) Edward E. Mackenzie M. D.

Feb 1st 1926 (Address) 1339 N. Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hope Cem

DATE OF BURIAL 2/3 1926

20 UNDERTAKER Samuel F. Hensley

ADDRESS 578 Mulberry

CAUSE OF DEATH in plain terms, so that it may be understood. TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 06626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-12 E 06626

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 322 S Madeira St St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jozef Stempor.

(a) Residence No. 322 S Madeira St St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE Antonina Stempor

6-DATE OF BIRTH (month, day and year) March 19 1860

7-AGE.	If LESS than 1 day.
65 yrs. 10 mos. 14 ds.	....hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Poland.

PARENTS.

10-NAME OF FATHER. Michael Stempor

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland.

12-MAIDEN NAME OF MOTHER. Marzanna Pozutek

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland.

14- (Informant) Antonina Stempor

(Address) 322 S Madeira Street

15-

Filed ..... 192.... K K Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 2 1926.

17- I HEREBY CERTIFY, That I attended deceased from Jan. 30 1926 to Feb. 2 1926

that I last saw h.m alive on Feb. 1 1926

and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) ....yrs. ....mos. ....ds

CONTRIBUTORY (Secondary) Chronic Bronchitis

Chronic nephritis

(Duration) ....yrs. ....mos. ....ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Kenkowski M. D.

, 19 (Address) 2079 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Rosary Cemtry	Feb 5 1926
20-UNDERTAKER.	ADDRESS
George A Weber	2205 Bank St

In plain terms, as directed by instructions on back of certificates.

C. HAMPSON LINES, M. D.
FEB 3 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06627

CERTIFICATE OF DEATH.

179 E 06627

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 46-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifton E. Zimmerman

(a) RESIDENCE NO. 34 Cherry Ave (Belair Rd) St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Feb 25/1906

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	19	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Metal Works

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Chas. H. Zimmerman

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Catherine Kramer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto. Md

14 Informant: Chas. H. Zimmerman

(Address): 34 Cherry Ave

15 Filed ....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia & Nephritis

Accidentally burned when motorcycle tank caught fire while he was riding same.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Wales, M. D.

(Coroner)

2/3/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Cem. Date of Burial: Feb 4 1926

20 UNDERTAKER: Robt J. Turner Sr. ADDRESS: W. Pratt

OF DEATH in plain terms, so that it may be properly classified. Fill very important. See instructions on back of certificate.

FEB 3 1926

Cor.—1-12-28—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06628

88 E 06628

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl Hosp. ST. 21-13 WARD)

2-FULL NAME Anna Wininger

(a) RESIDENCE NO. 52 Hanley Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1- 1910 Autopsy

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15	7	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer) 10¢
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Frank Wininger

11 BIRTHPLACE OF FATHER (city or town) Germany.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Gropple

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mr Hanley Road
(Address) 52 Wo. Hanley Road Balto Md near Belvedere Road

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1- 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. 1 ds.

(Signed) J. G. Bostadt, M. D.
(Coroner)

Feb 2, 1926 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park | DATE OF BURIAL Feb 6 192

20 UNDERTAKER Robt E Sumner | ADDRESS W. Bway

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06629

100-001

E 06629

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 Linden ave ST. WARD) 14-2

2-FULL NAME Mrs. Etta Meyer

(a) RESIDENCE. NO. 2135 Linden ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U. S., if of foreign birth? 39 yrs. — mos. — ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman M. 1887

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Simon Reif

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Rachel Epstein

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Simon Reif
(Address) 2135 Linden ave

15 Filed ..., 19 ... Registrar

C. H. MASON JONES, M. D.

FEB 3 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to Feb 3rd, 1926, that I last saw h[illegible] alive on Feb 3rd, 1926, and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonary Edema

(duration) ... yrs. ... mos. 1/2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael L Straus, M. D.

2/3, 1926 (Address) 1360 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern ave

DATE OF BURIAL 2/3 1926

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto St

CAUSE OF DEATH in plain terms, so that it may be understood by all. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06630

E 06630

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1515 Appleton St. ST., 15-12 WARD)

2-FULL NAME Hyman Shopsis

(a) RESIDENCE NO. 1515 Appleton St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 25 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leah Shopsis

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Russia

14 Informant Leah Shopsis (Address) 1515 Appleton St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to Feby 2, 1926, that I last saw him alive on Feby 2, 1926, and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Acute Bronchio Pneumonia

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) ..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Physical

(Signed) A. H. Hornstein, M. D.

2/3, 1926 (Address) 733 Saint Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale 6

DATE OF BURIAL 2/3 1926

20 UNDERTAKER Jack Levis 1439 E. Baltimore St

ADDRESS

CAUSE OF DEATH in plain terms, so that any person can understand it. Do not use abbreviations or technical terms. Omit words "Cause unknown" or "Unknown" if any cause can be assigned. See instructions on back of certificates. ATTENTION is very important.

Spec.—1-10-21—MAT—1500 Blks.

Mulhall ✓

E 06631 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06631

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Bethel Street ST., 8-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Flanagan Mulhall

(a) RESIDENCE No. 1718 Bethel Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Mulhall

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Flanagan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliz. Byrnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Flanagan
(Address) 1718 Bethel Street

15 Filed ..... 19 ..... Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-1-1926

17 I HEREBY CERTIFY, That I attended deceased from 1-21-1926, to 2-1-1926

that I last saw her alive on 2-1 1926

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Coroner

What test confirmed diagnosis? Clinical signs

(Signed) Dan'l Miller, M. D.

2-1, 1926 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Feb 5, 1926
20 UNDERTAKER	ADDRESS
H. C. Wiedefeld	914 Greenmt. Ave

FEB 3 1926 HAMPSON JONES, M.D.

Spec.—1-12-23—M&T—500 blks.

E 06632

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06632

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 70-4 WARD)

2-FULL NAME Joseph McVey

(a) RESIDENCE NO. 2202 Frederick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Mothers married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine McVey

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	79	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs. Katherine McVey

(Address) 2202 Forest Ave

15 Filed ... 19 RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 4th, 1926, to Feb. 3rd, 1926, that I last saw him alive on Feb. 2nd, 1926, and that death occurred, on the date stated above, at 2.40 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of head of Pancreas with metastasis to liver.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Enteritis and general Sclerosis (duration) yrs. mos. 25 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 1-16-26

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Jas Stonestreet, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb. 5. 1926

20 UNDERTAKER C. W. Dill

ADDRESS 9109 Fredk. Ave.

TION is very important. See instructions on back of certificate.

FEB 3 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06633

E 06633

CERTIFICATE OF DEATH.

5101-001

REGISTERED NO. 427

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hollins Ferry Rd, ST., Lafayette, WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Gable,

(a) RESIDENCE NO. Hollins Ferry Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 23, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Warner Gable,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine Schwartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Brother. Sara are alive.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1926, 19 , to Feb. 1, , 1926,

that I last saw her alive on Feb. 1, , 1926,

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Central Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Wm. A. Stearns, M. D.

, 19 (Address) 1201 Griffis Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 4 19 26

20 UNDERTAKER: John O. Mitchell — ADDRESS 56 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be understood. TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

E 06634

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06634

CERTIFICATE OF DEATH.

129

253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Morling Ave. ST., 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice E. Lutz.

(a) RESIDENCE NO. 1310 Morling Ave. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 20-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER John G. Lutz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Miss. Annie E. Lutz
(Address) 1310 Morling Ave

15 Filed ... , 19 ... Registrar

R. O. B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1- 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan , 1925 , to Feby 1 , 1926 that I last saw her alive on 2/1 , 1926, and that death occurred, on the date stated above, at 5-40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease.

(duration) Several yrs. mos ds.

CONTRIBUTORY (Secondary) Parenchymatous nephritis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature] , M. D.

2/2 1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park (Balto. Co) DATE OF BURIAL Feb. 4 1926

20 UNDERTAKER Horace M. Burgee ADDRESS 3031 Fulton Ave

CAUSE OF DEATH to be plain terms, so that it may be understood. See instructions on back of certificates.

FEB 3 1926 C. HAMPSON JONES, M.D.
Per

Spec. [illegible] M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1857

E 06635

CERTIFICATE OF DEATH.

X 49 E 06635

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Wilbur Smith

(a) RESIDENCE NO. Mexico, Indiana WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: Years 38 | Months | Days | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ind.

PARENTS

10 NAME OF FATHER Jacob Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind.

12 MAIDEN NAME OF MOTHER Margaret Zabst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3rd 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 29th, 1926, to Feb. 3rd, 1926.
that I last saw he alive on Feb 3rd, 1926,
and that death occurred, on the date stated above, at 9:15 a. m.

The CAUSE OF DEATH* was as follows:
Glioma, 3rd ventricle region
(duration) yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Mexico, Ind.
Did an operation precede death? Yes. Date of Jan. 30. Feb. 1.
Was there an autopsy? Yes.
What test confirmed diagnosis? Operation.
(Signed) Harold James, M. D.
, 19 (Address) John Hopkins Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mexico Ind.
DATE OF BURIAL 2/5/26

20 UNDERTAKER Joseph Abers
ADDRESS 221 Burg

CAUSE OF DEATH to print terms, so that it may be TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06636

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06636

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3802 Mt. Pleasant Ave ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Enders

(a) RESIDENCE NO. 3802 Mt. Pleasant Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Barbara Enders

6 DATE OF BIRTH (month, day, and year): Nov. 26 1858

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore 074

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Weskittle & Co.

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Romanus Enders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Michael Enders (Address): Lutherville Md.

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to Feb 1, 1926, that I last saw h[e] alive on Feb. 1, 1926, and that death occurred, on the date stated above, at 6.45 p. m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia. Syph.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency. Chronic Nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) C. E. McMenamin M. D.

Feb. 2, 1926 (Address) 3508 Bank St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Feb. 4 1926

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1710 Eutaw Pl

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

RPH.

Spec.—1-10-21—M&T—1500 Bks.

E 06637 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06637

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 415 W 26 St (ST.) 12-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel M Bitner

(a) RESIDENCE NO. 415 W 26 St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): June 20 22

7 AGE: Years 3 Months 7 Days 12 If LESS than 1 day, hr. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓ 000

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James W Bitner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Bertha A Chalk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: James Bitner (Address) 415 W 26 St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 2, 1926, to Feb 2, 1926, that I last saw he alive on Feb 2, 1926, and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial
Son child 6 30 am Feb 2, 1926
and died at Home Feb 2, 1926
Above attended the child for
past 3 yrs.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis Syphilis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) ..... by ..... M. D.

..... 19 (Address) 314 Gaitfield Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Cemetery

DATE OF BURIAL: Feb 4 1926

20 UNDERTAKER: Chenoweth Son Co

ADDRESS 361

CAUSE OF DEATH to be written in plain terms, so that it may be understood. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06638 06638

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3601 (Street) Chestnut Ave (Ward) 24

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Leppo

(a) RESIDENCE NO. 3601 Chestnut Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 93 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adam Leppo

6 DATE OF BIRTH (month, day, and year): Feb 23 1841

7 AGE: Years 84 | Months 11 | Days 11 | If LESS than 1 day, hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: W. H. Williams

(Address): 360 Chestnut Ave

15 Filed ....., 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 27, 1926, to Feb 3rd, 1926.

that I last saw h[illegible] alive on Feb. 2nd, 1926.

and that death occurred, on the date stated above, at 8:15 A m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) [illegible], M. D.

Feb 3 1926 (Address) 846 W 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: Feb 5 1926

20 UNDERTAKER: Ehenowetth Son — ADDRESS: 841 Chestnut

CAUSE OF DEATH in plain terms, so that it may be certificates. See instructions on back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 06639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 06639

1-PLACE OF DEATH

City of BALTIMORE: (No. 4626 Pall Mall Ave St. 27-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Gordon Bennett

(a) Residence No. 4626 Pall Mall Ave St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 9-1906

7-AGE 19 yrs. 6 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Vocal Artist

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER Chas G. Bennett

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto.

12-MAIDEN NAME OF MOTHER Mary Cecelia Larkins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto.

14- (Informant) Chas Gordon Bennett

(Address) 4626 Pall Mall Ave

15-

Filed ..... 192 .....

Registrar.

RPD

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 1-1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1926 to Feb 1 1926

that I last saw him alive on Feb 1 1926

and that death occurred, on the date stated above, at 5.05 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John D. Zuber M. D.

1926 (Address) 4134 Park Heights Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL 2/6 1926

20-UNDERTAKER Chas R. Traut & Son ADDRESS 1187 West Royal Ave

Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E 06640

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06640

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 628 George St. 15-11 WARD)

2-FULL NAME Berta (Brown) Jones

(a) RESIDENCE NO. 2320 Stockton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George W. Jones

6 DATE OF BIRTH (month, day, and year) July 22-1881

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	6	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Md

PARENTS

10 NAME OF FATHER Jacob Brown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md

12 MAIDEN NAME OF MOTHER Nancy Pool

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Va

14 Informant George W. Jones
(Address) 2320 Stockton St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1- 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Ex Laceration

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) ..... (Coroner.) C. Hampson Jones, M. D.

Feb 3rd, 192 (Address) 1437 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	2-4 1926
20 UNDERTAKER George T. Gibson	ADDRESS 1735 Druid Hill Ave

TION is very important. See instructions on back

Spec.—1-10-21—M&T—1500 Blks.

E 06641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 06641

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3853 Monastery Ave 20-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lynch

(a) RESIDENCE NO. 3853 Monastery Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Lynch

6 DATE OF BIRTH (month, day, and year): May 16 1857

7 AGE: Years 68 Months 6 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Michael McHugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Lennon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary Lynch (Address) 3853 Monastery

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 1, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 22, 1926, to Feb 1, 1926,

that I last saw h alive on June 31, 1926

and that death occurred, on the date stated above, at 12-03 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) ... M. D.

2/3, 1926 (Address) 1729 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem DATE OF BURIAL 2/4/26

20 UNDERTAKER: Angela Foley Sullivan ADDRESS 1[illegible] Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 06642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 06642

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1746 E. Fleet St. 6 WARD)

2-FULL NAME Mary Jane Gardner

(a) RESIDENCE NO. 1746 E Fleet ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Gardner.

6 DATE OF BIRTH (month, day, and year): Dec 7. 1860

7 AGE: Years 65 Months 1 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Penn.

PARENTS

10 NAME OF FATHER: William Fink.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn.

12 MAIDEN NAME OF MOTHER: Ann Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn.

14 Informant: Mrs. Kathelen Moore.
(Address) 1746 E Fleet st.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Jan 31, 1926.

that I last saw her alive on Jan 30, 1926.

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) — yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(duration) yrs. 18 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. L. Mazer, M. D.

2/3, 1926 (Address) 1212 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemty.

DATE OF BURIAL: Feb 1 1926

20 UNDERTAKER: Geo. E. Rutt

ADDRESS: 1735 Harford Ave

C. HAMPSON JONES, M. D.

FEB 3 1926

Registrar

mation should be entered in these columns, so that it may be properly classified. Exact statements CAUSE OF DEATH in plain terms. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Bks.

Theopie Socieswiez

E 06643

HEALTH DEPARTMENT—CITY OF BALTIMORE

37

E 06643

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city Hospitals (T.B.) ST. 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theopie Socieswiez

(a) RESIDENCE NO. 919 E. Pratt st. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: 52 Years — Months — Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: Goslick Socieswiez

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hospital records

(Address)

15 Filed ..., 19 ... Registrar

FEB 4 1926 HAMPSON JONES, M. D. RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 2, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1925, to Feb. 2, 1926, that I last saw him alive on Feb. 2, 1926, and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) ... M. D.

2-2-26 (Address) Baltimore city Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislowas — DATE OF BURIAL: Feb. 4. 1926

20 UNDERTAKER: John Grebliauckas — ADDRESS: 425 S. Paca. st

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06644

CERTIFICATE OF DEATH.

7 E 06644

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 423 W Conway St., 77-1 WARD)

2-FULL NAME Viola Elizabeth Cornish

(a) RESIDENCE NO. 423 W Conway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Samuel Cornish

6 DATE OF BIRTH (month, day, and year): May-28-1899

7 AGE: Years 26 | Months 8 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stripped tobacco

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Baltimore Cigar Co.

9 BIRTHPLACE (city or town) (State or country): Calvert Co Maryland

PARENTS

10 NAME OF FATHER: George Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co. Maryland

12 MAIDEN NAME OF MOTHER: Josephine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Maryland.

14 Informant: Samuel Cornish
(Address) 423 W Conway St

15 Filed ..... 19 .....
FEB 4 - 1926 HOMER P. JONES, M.
R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb-2 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan-19, 1926, to Feb-2, 1926, that I last saw her alive on Feb-2 1926, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(duration) — yrs. — mos 12 ds.

CONTRIBUTORY (Secondary): measles

(duration) ..yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Dan Trandini, M. D.

2/2, 1926 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brooks Chapel Calvert Co Md

DATE OF BURIAL: 2. V 1926

20 UNDERTAKER: John H. Toadvine

ADDRESS 1027 Hurd Hill

CAUSE OF DEATH TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 06645 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06645

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3115 Barclay ST. 12-4 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Levin West

(a) RESIDENCE NO. 3115 Barclay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary West.

6 DATE OF BIRTH (month, day, and year) Unknown 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Julius West

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hannah Wescott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary West

(Address) 3115 Barclay st.

15 Filed , 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925 to Jan 31, 1926.

that I last saw him alive on Jan 27, 1926.

and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Valvular lesion of heart;

(duration) several months

CONTRIBUTORY (Secondary) Nephritis, chronic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery DATE OF BURIAL 2/4/26

20 UNDERTAKER Mrs R. A. Elliott ADDRESS 1725 Ashland

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 1-001 E 06646

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 24 S High ST. 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Selda Morris

(a) RESIDENCE NO. 24 S. High ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/K.

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): 0-0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Harry Sklar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Harry Morris (Address) 24 S High St

15 Filed ..... 19 .....

FEB 4 1926 HAMPSON JONES, M. D.

K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3. 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/27, 1926, to Feb 3rd, 26.

that I last saw her alive on Feb. 3rd, 26

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What tests confirmed diagnosis?

(Signed) Maurice Rabeau M. D.

2/3. 1926 (Address) 2328 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Cem

DATE OF BURIAL 2/4 1926

20 UNDERTAKER: Jos Levinson & Bro

ADDRESS 1167 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be understood by the public. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06647 E 06647

CERTIFICATE OF DEATH.

31

REGISTERED NO. 325

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city Hospitals ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Wilson

(a) RESIDENCE NO. 2453 Frances st. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) ..... (State or country) North Carolina

PARENTS

10 NAME OF FATHER Joe Wilson

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Susie McFall

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) South Carolina

14 Informant Hospital Records (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1926, to Feb. 2, 1926, that I last saw him alive on Feb. 2, 1926, and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) Unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Thos Kane Jr, M. D.

2-2-26 (Address) Baltimore city Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Feb 4/1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Gay ave

TION is very important. Be sure

Cor.—1-12-23—M&T—100 Blks.

E 06648 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06648

57

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Fockton ST., 16-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Ferguson

(a) RESIDENCE NO. 604 N. Fockton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred cuba mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colord	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O&O
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Va

PARENTS

10 [illegible]

11 BIRTHPLACE OF FATHER (city or town)
(State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) [illegible]

14
Informant L. E. Ellis
(Address) 432 N. Gilmor St

15
Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 - 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 5 yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) Cerebral Hem

(duration) 1 yrs. mos. 1 ds.

(Signed) Wm C O Slade, M. D.
(Coroner.)

Feb 1, 192 (Address) 143 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death	yrs.,	mos.,	ds.	In the State	yrs.,	mos.,	ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Feb 4/1926

20 UNDERTAKER Harris Earhart ADDRESS 916 Baltimore

C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

6649

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 06649

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Montford St. 6-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME HELLEN V. GRIFFIN

(a) RESIDENCE NO. 15 N. Montford ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Yrs. 14 Mos. Ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 6, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
14		3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John H. Griffis

11 BIRTHPLACE OF FATHER (city or town) Mutlock Md
(State or country)

12 MAIDEN NAME OF MOTHER Hattie Kelso

13 BIRTHPLACE OF MOTHER (city or town) Carbortan Va.
(State or country)

14 Informant John H. Griffis
(Address)

15 Filed . 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to Feb 2, 1926, that I last saw h alive on Feb 2, 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John K. Abercrombie, M. D.

2/3, 1926 (Address) 352 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Feb. 4 1926

20 UNDERTAKER: Wm. C. Black — ADDRESS: 927 N. Broadway

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 06650 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 06650

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 N. Caroline St. 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Jones

(a) RESIDENCE NO. 309 N Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write this word): Widow

5a If married, widowed, or divorced (or) WIFE of: Neatly Jones

6 DATE OF BIRTH (month, day, and year): Sept 1863

7 AGE: Years: about 63 Months: — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Annie N. Green (daughter) 518 N Spring St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1926, to Jan 31, 1926, that I last saw h alive on Jan 31, 1926 and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Parenchymatous Nephritis according to History and Neg Cardiac (duration) 11 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Physical

What test confirmed diagnosis?

(Signed) R G H, M. D.

1/31 1926 (Address) 4 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Feb 4, 1926

20 UNDERTAKER: Jr. T.H. Rochester — ADDRESS: 1413 Jefferson

CAUSE OF DEATH must be given plainly. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06651

CERTIFICATE OF DEATH.

90 E 06651

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Stricker. ST. 15-13 WARD)

2-FULL NAME George B. Fowlkes

(a) RESIDENCE NO. 1325 stricker. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Widower.

5a If married, widowed, or divorced
If [redacted] of
(or) Wife of Mary M. Fowlkes

6 DATE OF BIRTH (month, day, and year) — 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Crew. Va.

PARENTS

10 NAME OF FATHER Benton Fowlkes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Laura A. Jennings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wm. Fowlkes. (Address) 1325 N. Stricker. St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1924, to Feb 2, 1926, that I last saw him alive on Jan 1, 1926 and that death occurred, on the date stated above, at 11 A— m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Wildeam Fray M. D.

2/3, 1926 (Address) 1918 Fa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crew, Va — DATE OF BURIAL Feb 4 1926

20 UNDERTAKER Mrs Geo N. Dennis per T. E. Kelsey — ADDRESS 1303 Pennsylvania

CAUSE OF DEATH must be given. See instructions on back of certificates. TION is very important.

C. HAMPTON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

06652

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 11-001 E 06652

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 556 W. Conway ST. 77-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rufus Ward.

(a) RESIDENCE No. 556 W Conway ST., WARD South Carolina

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Allsbrooks (State or country) S. Carolina

PARENTS

10 NAME OF FATHER James Ward

11 BIRTHPLACE OF FATHER (city or town) Allsbrooks (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Lillie Johnson

13 BIRTHPLACE OF MOTHER (city or town) Allsbrooks (State or country) S. Carolina

14 Informant Walter Johnson (Address) 556 W Conway

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb - 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan - 23, 1926, to Feb - 3, 1926, that I last saw him alive on Feb - 2 1926 and that death occurred, on the date stated above, at 4:20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ..... yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Dan Francini, M. D.

2/3 1926 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Finley S.C. DATE OF BURIAL Feb 4 1926

20 UNDERTAKER R. L. Parham ADDRESS 906 Leadenhall St

TION is very important. See instructions on back

FEB 4 1926 HAMPTON JONES M.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06653

90 E 06653

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~[illegible]~~ St. 21-2 Ward) BALTIMORE CITY HOSPITALS

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Seward Gambrill

(a) Residence No. 822 W Ostend St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Sept 7/1886

7-AGE. 39 yrs. 4 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Calvin Gambrill

11-BIRTHPLACE OF FATHER (city or town)..... Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Ella Trader

13-BIRTHPLACE OF MOTHER (city or town)..... Md
(State or Country),

14- (Informant) Baltimore City Hospitals Records

(Address).....

15-

Filed..... 192? ..... Registrar.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 1 1926.

17- I HEREBY CERTIFY, That I attended deceased from Jan. 19 ..... 19 26 to Feb 1 ..... 19 26

that I last saw h[illegible] alive on Jan 31 ..... 19 26

and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Mitral valve insufficiency

(Duration) 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocardial failure

(Duration) ... yrs. 2 mos. ... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

2/2/ 19 26 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Zion Cemetery	Feb 4 ..... 19 26
20-UNDERTAKER	ADDRESS
Chas E Hooper	406 W. Conway St

C. HAMPSON JONES, M. D.

Cor.—1-12-23—M&T—100 Bks.

06654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1926 E 06654

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 844 S. Eutaw St. ST. 22-1 WARD)

2-FULL NAME Isabelle Bishop.(C)

(a) RESIDENCE No. 844 S. Eutaw St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 4, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	10	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. (none)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Bishop.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Julia Cook.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Blanche Bishop.(C) sister.
(Address) 742 W. Saratoga St.

15 Filed ..., 192 ... JK, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound of the head.
Fracture of skull, laceration of brain.
Homicide.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M Reinhardt, M. D. (Coroner.)

Feb. 8, 1926 192 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Feb 3 1926

20 UNDERTAKER J. E. Brown & Son

ADDRESS Lafayette Market

FROM DEATH CERTIFICATE ... CHAMPSON JONES, M. D.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06655

CERTIFICATE OF DEATH.

101-001

E 06655

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 Grace Court St. 4-1 WARD)

2-FULL NAME Laura Longford

(a) RESIDENCE. NO. 122 Grace Court ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Arthur Longford

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Arthur Longford
(Address) 122 Grace Court St

15 Filed ..... 19 ..... Registrar

FEB 4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/1926

17 I HEREBY CERTIFY, That I attended deceased from 1/27/26, to 2/3/26,
that I last saw her alive on 1/27/26,
and that death occurred, on the date stated above, at 8:10 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Intra Colonic Contusion

(duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? ND

Did an operation precede death? ND Date of

Was there an autopsy? ND

What test confirmed diagnosis? Clinical

(Signed) B. Gonley, M. D.

2/3/26, 1926 (Address) 908 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Feb 5 1926
20 UNDERTAKER	ADDRESS
S L Brown & Son	Pratt & Mount

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 06656

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06656

CERTIFICATE OF DEATH.

12 2 001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 E. Lombard ST. 352 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie M. Schagoque.

(a) RESIDENCE NO. 1618 E. Lombard St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Schagoque

6 DATE OF BIRTH (month, day, and year): Oct. 6, 1863

7 AGE: Years 62 Months 3 Days 26. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Meat Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): 0/3

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Illinois

PARENTS

10 NAME OF FATHER: Eugene Schagoque

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Mrs Barbara Schagoque

(Address) 1618 Lombard St.

15 Filed ..... 19 ..... Registrar

RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 19 1926 to Feb 2nd 1926,

that I last saw h[illegible] alive on Feb. 2nd 1926,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) was known yrs. mos. ds.

CONTRIBUTORY (Secondary): Alcohol

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Howard G Sikes, M. D.

Feb. 1926 (Address) 3706 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ballo Cemetery — DATE OF BURIAL: Feb 5 19 26

20 UNDERTAKER: Reamon — ADDRESS: 320 Broadway

CAUSE OF DEATH must be given. See instructions on back of certificates.

ERA-1928 [illegible] JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

E 06657

CERTIFICATE OF DEATH.

71 E 06657

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Johnson

(a) Residence No. 556 Orford St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1904

7-AGE. 22 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Henry Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Betty Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

11- (Informant) Baltimore City Hospitals Records

(Address)

15- Filed ..... 192 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 31, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan. 23 19 26 to Jan. 31 19 26

that I last saw h in alive on Jan. 31 19 26

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis (organism undetermined)

(Duration) yrs. mos. 14 days History

CONTRIBUTORY (Secondary) Cavernous Sinus thrombosis (Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller M. D

2/2/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cub Run Cem DATE OF BURIAL 2/6 26

20-UNDERTAKER, Samuel T Brady ADDRESS 5 E Eager

If plural causes, see instructions on back of certificates.

FEB 4 1926 HARRISON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E 06658 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06658

90

CERTIFICATE OF DEATH.

REGISTERED NO. 18-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1041 a Lexington St., (WARD)

2-FULL NAME John P. Green

(a) RESIDENCE No. 1041 Wlexington St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) Unknown

6 DATE OF BIRTH (month, day, and year) Oct 27. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3	6	

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) St Marys Co

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Eva Boyd

(Address) 1041 Wlexington St

15 Filed ..., 19 ... R K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1925 to Feby 2 1926.

that I last saw him alive on Feby 2 1926,

and that death occurred, on the date stated above, at 4.05 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. Howard M. D.

2/4, 1926 (Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem. DATE OF BURIAL 2/5 1926

20 UNDERTAKER Samuel P. Brusley ADDRESS McCulloh

CAUSE OF DEATH must be given in plain terms. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 06659

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06659

Dec, Jan 9, 1904, in Liber R.O #1 Folio #219 Clerk of Superior Court.

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 W Lanvale ST. 16-7 WARD)

2-FULL NAME Mary Anna Uhler,

(a) RESIDENCE NO. 1528 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 7 mos. 1 days. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 2, 1842.

7 AGE: Years 83 Months 7 Days 1 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home (Landlady)

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Washington Uhler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna Maria Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Grace E. Uhler, (Address) 1528 W. Lanvale St.

15 Filed ....., 19 .... R L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1926. to Feb. 3 1926. that I last saw h[illegible] alive on Feb. 3 1926., and that death occurred, on the date stated above, at 10:02 A.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) yrs. 3 days

CONTRIBUTORY (Secondary) Bronchitis.

(duration) 0 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Probably at place of death.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical signs and autopsy

(Signed) Allan H. Cobles, M. D.

19 (Address) 1528 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL Feb 6 1926

20 UNDERTAKER George J. Smith — ADDRESS 1532 Hollins

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06669

REGISTERED NO. E06660

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) (T. 4-1) (WARD)

2-FULL NAME Joseph (Adam) Barbour

(a) RESIDENCE NO. 704 W. Lombard st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel steward

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Joseph Barbour

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Hospital Records
(Address)

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1925, to Feb. 3, 1926,

that I last saw him alive on Feb. 3, 1926,

and that death occurred, on the date stated above, at 9.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. C. McFarland M. D.

2-3-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Pleasant Cemetery

DATE OF BURIAL 2/6 1926

20 UNDERTAKER Chas H. Buchanan

ADDRESS 637 Park Ave.

CAUTION is very important. See instructions on back of certificate.

Corr—1-12-26—M&T—100 Bks.

E06661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E06661

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 883 N Howard St. 11-2 WARD)

2-FULL NAME Saml Ward

(a) RESIDENCE NO. 883 N Howard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mary Ward

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	58	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Saml. Ward.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant H. C. Wiedefeld
(Address) 914 Greenmount Ave

15 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Wiedefeld, M. D.
(Coroner.)

7-13-26 192 (Address) 1437 Bway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... d

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL 7/14 192

20 UNDERTAKER H. C. Wiedefeld — ADDRESS 9[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06662

CERTIFICATE OF DEATH

135 E06662

1-PLACE OF DEATH West Balt. Gen Hosp

REGISTERED NO.

CITY OF BALTIMORE: (NO. ... ST., 18 ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Ashton

(a) RESIDENCE NO. 819 W. Fayette ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6 DATE OF BIRTH (month, day, and year) Oct 10th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	67	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John A Ashton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Rebecca Hannah Ashton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Henry A Ashton

(Address) 819 Fayette St

15 Filed ..., 19 ...

Registrar ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to Feb. 2, 1926.

that I last saw him alive on Feb. 2, 1926.

and that death occurred, on the date stated above, at 5.05 a. m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate

(duration) 4-5 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute retention, urinary, ... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? West Balt Gen Hosp

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) Jos Hubert Wellman M. D.

(Address) West Balt Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Feb 4 26

20 UNDERTAKER F. B. Wagaman ADDRESS 850 N Eutaw St

TION is very important. See instructions on back of certificate.

FEB 4 1926

H.K.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06663 11-001

CERTIFICATE OF DEATH.

E06663

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 N. Bond ST., 8-3 WARD)

2-FULL NAME Harry G. Gernhart - Jr -

(a) RESIDENCE No. 1333 N. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10-1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Harry G. Gernhart Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Ida Knorr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Harry G. Gernhart

(Address) 1333 N. Bond St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 '26 to Feb 2 1926.

that I last saw h alive on Feb 2, 1926

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

1a Grippe

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. Fred Zwicker, M. D.

(Address) 600 N. Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 5 1926

20 UNDERTAKER Geo M. Frank & Son — ADDRESS 811 N Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06664

CERTIFICATE OF DEATH.

161-001 E06664

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1422 Jackson ST. 24-1 WARD)

2-FULL NAME James Riley

(a) RESIDENCE NO. 1422 Jackson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 3 1926

7 AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John Riley

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Vera Sena

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Italy

14 Informant John Riley
(Address) 1422 Jackson

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 3, 1926, to Feb 3, 1926,

that I last saw h[illegible] alive on Feb 3, 1926,

and that death occurred, on the date stated above, at 11 3/4 m.

The CAUSE OF DEATH* was as follows:

Premature birth

6½ mos gestation

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) M A Stigler, M. D.

2/4, 1926 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb 7 26
20 UNDERTAKER	ADDRESS
J V Fahey & Sons	1318 Light St

TION is very important. See instructions on back of Certificate.

FEB 4 - 1926 H. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E06665 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

11-001 E06665

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 W. Lexington ST., 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Rhoda Asendorf.

(a) RESIDENCE NO. 2209 W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin E. Asendorf.

6 DATE OF BIRTH (month, day, and year) Feb 22-1882.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	43	11	10 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house-wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) Latrobe (State or country) Pa.

PARENTS

10 NAME OF FATHER Francis T. Hand.

11 BIRTHPLACE OF FATHER (city or town) Emmittsburg (State or country) Md.

12 MAIDEN NAME OF MOTHER Hannah Winters 2-6, 1926 (Address) 2532 Edmondson Ave

13 BIRTHPLACE OF MOTHER (city or town) Westminster (State or country) Md.

14 Informant Harry A. Hand. (Address) 3041 Huntington ave.

15 Filed ...., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 1-1926.

17 I HEREBY CERTIFY, That I attended deceased from January 29-, 1926, to February 2-, 1926;

that I last saw her alive on February 1, 1926;

and that death occurred, on the date stated above, at 2:10 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia.

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Chester Riland, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feb. 4 1926

20 UNDERTAKER: Nelson E. Stiles — ADDRESS: 231 Md. Ave Westport

TION is very important. See instructions on back of certificate.

E. HAMPSON JONES, M. D.

1926

Per

RK

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06666

E06666

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin H Smith

(a) RESIDENCE NO. 516 N. Carrollton Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 If Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jno Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs Julia Smith 2219 St Paul St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-7-26 19

17 I HEREBY CERTIFY, That I attended deceased from 7-7-26, 19, to 7-7-26, 19,

that I last saw him alive on 7-7-26, 19,

and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Cy. Hemiplegia

Arteriosclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Jno A Sampson M. D.

, 19 (Address) 516 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem. Fountain Green Md.

DATE OF BURIAL Feb 5 1926

20 UNDERTAKER Wm Tickner Sons

ADDRESS North & Pa

TION is very important. See instructions on back of certificate.

4 - 1926 C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06667

11-0a1 E06667

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkine Hospital 21-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Burke

(a) RESIDENCE NO. 813 E. Pratt St St._____ Ward_____

(Usual place of abode) unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Hopkins Hospital

(Address)

15 Filed_____ 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia following Influenza

6 days

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Carr, M. D.
(Coroner)

2/4/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ballston Spa N. Y. Date of Burial Feb. 4 1926

20 UNDERTAKER Richard F. Curley ADDRESS 1621 W. Lake St.

OF DEATH is very important. See instructions on back of certificate.

4 1926 C. Harrison Jones, M.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66668

CERTIFICATE OF DEATH.

REGISTERED NO. 15 574-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2711 Allendale Rd ST. WARD)

2-FULL NAME Kate Rush Caples

(a) RESIDENCE NO. 2711 Allendale Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis L. Caples

6 DATE OF BIRTH (month, day, and year) Sept. 26-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Conrad Rush

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Drumbine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Margaret Blanke (Address) 2711 Allendale Road

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1925, to Feb 3, 1926

that I last saw h[illegible] alive on Feb 2, 1926

and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis; High blood pressure

(duration) many yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Carroll Lockard, M. D.

Feb 4, 1926 (Address) 42 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb 5 1926

20 UNDERTAKER Wm. J. Tuckner & Son — ADDRESS N. Y. Ave.

CAUSE OF DEATH. See instructions on back of certificate. ATION is very important.

A-1926 C. HARRISON JONES, M. D.

Cor.—1-12-26—M&T—100 Blks.

E06669

HEALTH DEPARTMENT—CITY OF BALTIMORE E06669

112

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 322 N Pine ST. H-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Clark.

(a) RESIDENCE NO. 327 N Pine ST., ... WARD .....
(Usual place of abode) (2)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of ~~widowed~~ single

6 DATE OF BIRTH (month, day, and year) on Know

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer on know

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER on know

11 BIRTHPLACE OF FATHER (city or town) (State or country) on know

12 MAIDEN NAME OF MOTHER on know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) on know

14 Informant Minnie E. Clark
(Address) 322 N Pine

15 Filed ....., 192.... Registrar

1926 C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

F C Cardiac.
Dropsy in ank

(duration) ..... yrs. 4 mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)
Oct 3, 192 (Address) 1 E. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn (Grow) DATE OF BURIAL Oct 4 192

20 UNDERTAKER Leonard Whalen ADDRESS 308 Myrtle Ave

Spec.—1-10-21—M&T—1500 Blks.

E06670 E06670

HEALTH DEPARTMENT—CITY OF BALTIMORE

10

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St. 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alma Boggio

(a) RESIDENCE No. 1019 Stiles St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 12, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Romuald Boggio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Clementina Scagnelli

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Romuald Boggio (Address) 1019 Stiles St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to Feb 4, 1926.

that I last saw her alive on Feb 4, 1926,

and that death occurred, on the date stated above, at 1.05 a.m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated Date of 1/30/26

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Myron G. Zell, M. D.

2/4, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Feb 6 26

20 UNDERTAKER Mendell Bogdan ADDRESS 37 31

TION is very important. See instructions on back of Certificate.

A-1926 C. HAMPSON JONES, M.D.

RRH

Spec.—1-10-21—M&T—1500 Blks.

E06671

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06671

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 4-1

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Boyd

(a) RESIDENCE NO. Patapsco Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: Robt C Boyd.

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
About 40				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

037

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Hospital Record.

15 Filed ..... 19 ..... Registrar RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 30th, 1926, to Feb - 1st, 1926, that I last saw her alive on Feb - 1st, 1926, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Bilateral
Bronchial Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) H R Byerly ....., M. D.

....., 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Chapel Md.

DATE OF BURIAL: 2-5 1926

20 UNDERTAKER: Frank H. Newell

ADDRESS: Catonsville Md

See instructions on back of ... TION is very important

C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06672 E06672

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry

(a) RESIDENCE NO. 922 Mason st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) West Indies

PARENTS

10 NAME OF FATHER Charles Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Indies

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Indies

14 Informant Hospital Records
(Address)

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1, 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1926, to Feb. 1, 1926,

that I last saw him alive on Feb. 1, 1926,

and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W. S. McLane Jr, M. D.

2-1, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.

DATE OF BURIAL ..., 19...

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND FEB 4 1926

Spec—12-23-21—E.B.R.S.—400 Blks.

E06673

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06673

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospital

City of BALTIMORE: (No. Eastern Ave Extended St., 76-7100 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Rich

(a) Residence No. Baltimore City Hospital St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. [redacted]

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1865

7-AGE. 61 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cook

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer. Unemployed

9-BIRTHPLACE (city or town) (State or Country). England

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (city or town) (State or Country). ?

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). ?

14- (Informant)

(Address)

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 6, 1926

17- I HEREBY CERTIFY, That I attended deceased from 9-19-, 1919 to Feb. 6, 1926 that I last saw him alive on Feb. 6, 1926 and that death occurred, on the date stated above, at 9 00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Hypertrophic Cirrhosis

Chronic Bronchitis and Cystitis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobular Bronchopneumonia

(Duration) yrs. mos. 1/2 ds.

18-Where was disease contracted if not at place of death? Fell in Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Ira F. Champe, M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, , 19

20-UNDERTAKER. ADDRESS

Instructions on back of certificate.

FILED FEB 14 1926 C. HAMPSON JONES, M. D. REGISTRAR OF VITAL STATISTICS DEPT. OF HEALTH BALTIMORE, MD.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06674

CERTIFICATE OF DEATH.

154-01

E06674

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3602 Cedar Ave, ST. 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Bandy

(a) RESIDENCE. No. 3602 Cedar Ave. ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 3, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				7 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work X

(b) General nature of industry, business, or establishment in which employed (or employer) X

(c) Name of employer X

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Albert Bandy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Eve McMullan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Albert Bandy

(Address) 3602 Cedar Ave.

15 Filed ..... 19 .....

Registrar

RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/3, 1926, to 2/3, 1926

that I last saw him alive on 2/3, 1926,

and that death occurred, on the date stated above, at 11/45 A. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

2/4, 1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

THIS IS very important. Use information

UNIVERSITY OF MARYLAND

C. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E06675 E06675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH 3706 Barrington Rd

CITY OF BALTIMORE: (No. 3706 Barrington ST.) (Pa WARD) 15-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie R. Myers

(a) RESIDENCE NO. 3706 Barrington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Myers

6 DATE OF BIRTH (month, day, and year) Oct 23 1878

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~None~~ Retired

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer —

9 BIRTHPLACE (city or town) Pa.
(State or country)

PARENTS

10 NAME OF FATHER Fred Reutelhuber

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Pa.
(State or country)

14 Informant Howard Myers
(Address) 3706 Barrington Rd

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1923 to Feb 3. 1926.

that I last saw her alive on Feb 3 1926,

and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart - Followed by edema of lungs about 4½ hrs
(duration)

CONTRIBUTORY (Secondary) Myocarditis - arteriosclerosis
(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter Bublett, M. D.

Feb 4 1926 (Address) 2220 Harrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Feb 6 1926

20 UNDERTAKER W. M. Rouzer

ADDRESS 2238 N Mth

TION is very important. See instructions on back of

1926 C. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E06676

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06676

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Forest ave. house 2863 St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles R. Megenhardt

(a) RESIDENCE NO. Forest ave house St. 24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary D Megenhardt

6 DATE OF BIRTH (month, day, and year) May 10 71

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	54	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer Bookkeeper

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frederick Megenhard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Leibel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant. (Address) Mary D Megenhardt Forest ave

15 Filed ....., 19 ..... Registrar

TION is very important. See instructions on back

4 - 1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. , 1925 , to Feb 2 , 1926 , that I last saw him alive on Feb 2 , 1926 , and that death occurred, on the date stated above, at 130 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) one yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Chas A. Schaefer, M. D.

, 19 (Address) 53 S. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park bu

DATE OF BURIAL Feb 6 1926

20 UNDERTAKER W. M. Rouken

ADDRESS 2238 W Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

0667

CERTIFICATE OF DEATH.

11-0 10667

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 410 N. Chester St., (or) WARD) 8th

2-FULL NAME John W. Hearn Jr

(a) RESIDENCE NO. 410 N Chester St. WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 27 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John W Hearn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Helena L Jamison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Helena Jamison
(Address) 1410 N. Chester St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1926 to Feb 4 1926
that I last saw h alive on Feb 4 1926
and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Meningitis (Cerebro Spinal)

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) J. E. Reese, M. D.

Feb 4 1926 (Address) 1301 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb. 6 1926
20 UNDERTAKER Carl J Turner	ADDRESS N. Gay

TION is very important See instructions on back of certificate

Spec.—1-10-21—M&T—1500 Blks.

E06678

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06678

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2133 W. North Ave. 15-12

CITY OF BALTIMORE: (No. 2133 W. North Ave ST. WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Ann Blakeney

(a) RESIDENCE NO. 2133 W. North Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 74 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Blakeney

6 DATE OF BIRTH (month, day, and year) May 24-1851

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8 9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Thomas Crosbie

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Foley

13 BIRTHPLACE OF MOTHER (city or town) Ireland.
(State or country)

14 Informant Daughter.
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-1, 1926, to 2-3, 1926, that I last saw her alive on 2-2, 1926, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic endocarditis

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) C. Robucci M. D.

, 19 (Address) 1300 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross. Hanford Rd.

DATE OF BURIAL Feb. 5 1926

20 UNDERTAKER Robt T. Turner Inc.

ADDRESS 1442 N Broadway.

TION is very important. See instructions on back of Certificate.

Spec.—1-12-23—M&T—500 Bks.

E06679

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06679

CERTIFICATE OF DEATH.

58

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hosp. St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Marie Lind.

(a) RESIDENCE No. 1834 N. Register St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married - Louis Lind.

6 DATE OF BIRTH (month, day, and year) Nov 15 - 1900

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ 037

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Catherine Mansell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Louis Lind (Address) 1900 N. Patterson Park Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1925, to Feb. 3, 1926, that I last saw h. alive on Feb. 3, 1926, and that death occurred, on the date stated above, at 2 15 P.m.

The CAUSE OF DEATH* was as follows:

Bantus Disease

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Secondary anemia

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Yes

(Signed) Chas. D. Brunkow, M. D.

, 19 (Address) 1122 No Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 6 1926
20 UNDERTAKER Robt J Simon Inc	ADDRESS 1711 W. Pratt

4 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06680

CERTIFICATE OF DEATH.

90 E06680

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Arlington Ave. 18-1 WARD)

2-FULL NAME Clement Austin Johnson

(a) RESIDENCE NO. 528 N. Arlington Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of ~~Margaret~~ Francis F Johnson

6 DATE OF BIRTH (month, day and year) June 6. 1885

7 AGE — Years: 40 — Months: 7 8 — Days: 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Credit manager

(b) General nature of industry, business, or establishment in which employed (or employer): for Lyon & Conklin

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John B. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Arettia Barry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant (Address): Margaret F. Johnson 528 N. Arlington Ave

15 Filed ..... 19 ..... Registrar

1926 C. THOMSON JONES, M.D.

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 29 1926 to Feb 4 1926

that I last saw him alive on Feb 3 1926

and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation complicating Influenza

(duration) ... yrs. ✓ mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Valvular heart diseas

(duration) over 2 yrs. ✓ mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) Thomas C. Ford M. D.

Feb 4 1926 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Com

DATE OF BURIAL: Feb 6 1926

20 UNDERTAKER: George J. Smith

ADDRESS: 1932 Hollins

TION is very important. See instructions on back of certificate.

Size—12-23-21—E.B.K.B.—400 Lbs.

E06681

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06681

CERTIFICATE OF DEATH.

23-2-31

1-PLACE OF DEATH

City of BALTIMORE: (No. 1731 Oliver St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael H. Walters

(a) Residence No. 1731 Oliver St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Walters

6-DATE OF BIRTH (month, day and year) Nov 21 1890

7-AGE. 35 yrs. 2 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer) for Self

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Max Walters

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margt Gorlen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-(Informant) Mary Walters

(Address) 1731 Oliver St

15-

Filed 192

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-2-1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1926 to Feb 2 1926

that I last saw h. alive on Feb 2 1926

and that death occurred, on the date stated above, at 10.5 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY, (Secondary) Tuberculosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Campbell M. D.

2, 1926 (Address) 1644 Hanover

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross 2-5 1926

20-UNDERTAKER. E. & B. Hale ADDRESS 115 E. Mosher St

INSTRUCTIONS ON BACK OF CERTIFICATE

4-1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

E06682

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06682

CERTIFICATE OF DEATH.

REGISTERED NO. 86

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl. Hospital ST. 15-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jean R. Davenport

(a) RESIDENCE No. 3809 Darlymple ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24. 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	8	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Arthur L. Davenport

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Pearl Rochester

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Father (Address) 3809 Darlymple.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1926, to February 3, 1926,

that I last saw her alive on February 3, 1926,

and that death occurred, on the date stated above, at 7:54 P m.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Streptococcic Meningitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of Jan 27 1926

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Kent C. Hammond, M. D.

2/3, 1926 (Address) Md. Genl Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Feb 6 1926

20 UNDERTAKER Mrs. Mus. J. M. Leupel & Son

ADDRESS 801 N. Fayette

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06683

CERTIFICATE OF DEATH.

101 001 E06683

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1706 Carlisle Pl. (St.) 8-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Ralls

(a) RESIDENCE No. 1706 Carlisle Pl. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 1 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	26		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer) Bethelhem Steel Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Keysville
(State or country) Va

PARENTS

10 NAME OF FATHER Jerry Ralls.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Willis Smith

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Lizzie Ralls
(Address) 1706 Carlisle Pl.

15 Filed ..., 19 ... Registrar

1926 ROH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-2- 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-2-, 1926, to 2-2-, 1926,

that I last saw h alive on 2-2-, 1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2-4-1926 (Address) 611-N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Keysville VA	2/3/26 19
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1725 Eastlake

TION is very important. See instructions on back

Spec.—1-10-21—M&T—1500 Bks.

E06684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-1,066.84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 318 S. Calhoun ST. 14-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Harry Leser

(a) RESIDENCE NO. 318 S. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie J. Leser

6 DATE OF BIRTH (month, day, and year) Febr. 19. 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	55	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Gents Furnishing

(c) Name of employer Isaac Hamburger & Sons

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Martin Leser.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Mayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Nettie J. Leser

(Address) 318 S. Calhoun St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1926.

17 I HEREBY CERTIFY, That I attended deceased from July , 1925 , to Feb. 3 , 1926 ,

that I last saw h alive on Feb. 2 , 1926 ,

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Atypical cells

(Signed) J. M. Lumpkin M. D.

2/4 1926 (Address) 826 N Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Feb 6 1926.

20 UNDERTAKER Mr. & Mrs. J. W. Templeton — ADDRESS 801 N. Fayette

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Blks.

E06685

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06685

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 E Arlington ST. 1924 WARD)

2-FULL NAME James. K. J. Wilkinson

(a) RESIDENCE No. 501 E. Arlington Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E. Wilkinson

6 DATE OF BIRTH (month, day, and year) June 12. 1844

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER James. T. Wilkinson

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Strike

13 BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or country)

14 Informant James. J. Wilkinson
(Address) 501 E Arlington

15 Filed ..... , 19 .....

Registrar .....

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 1926 to Feby 3 1926.

That I last saw him alive on Feby 3 1926

and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

General progressive Paralysis

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bad heart action

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) C. M. Duncan ..... M. D.

Feb 4. 1926 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Feb. 6. 1926

20 UNDERTAKER Mrs. Mrs. John H. Leopold Son — ADDRESS 801 W. Fayette St

E06686

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06686

CERTIFICATE OF DEATH.

26-5 90

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 2. N. Fulton Avenue. St.; .....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Katherine Hessler.

(Residence in Baltimore: No. 2. N. Fulton Avenue. St.; yrs. 24. mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	Widow.

6-DATE OF BIRTH. March 25. th. (Month) (Day) 1855. (Year)

7-AGE. 62. yrs. 10. mos. 8. ds. If LESS than 1 day ....hrs. or ....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. house work.
(b) General nature of industry, business, or establishment in which employed (or employer). at home. 03

9-BIRTHPLACE. (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. John M. Young.

11-BIRTHPLACE OF FATHER. (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Katherine Harman.

13-BIRTHPLACE OF MOTHER. (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. W.B. Crothers.

2.N. Fulton Ave.

(Address).....

15-

Filed ..... 192.....

RRA Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. February 3. rd. (Month) (Day) 1926. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 1 ds.

(Signed) C Hampson Jones M. D.

2/04/26 192... (Address) 1423 N Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon park Cemetery. DATE OF BURIAL. Feb. 6/1926.

20-UNDERTAKER. J. Walter Davis. ADDRESS 3307 Paine St.

18 Very important. See instructions.

C Hampson Jones M.D
1926

Spec.-1-10-21-M&T-1500 Blks.

E06687

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06687

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home of Incurables St., 17-5 Ward)

REGISTERED NO. 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adelaide M Miller

(a) RESIDENCE NO. Home of Incurables ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug - 19 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Andrew J Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Jane A. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant Milton Miller

(Address) 2 Sylvan Ave Hamilton

15 Filed ..., 19 ... Registrar

TION is very important. See instructions on

1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 2 - 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24 1924 to Feby 2 1926

that I last saw her alive on Feby 2 1926

and that death occurred, on the date stated above, at 11:40 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Cerebral Hemorrhage

(duration) yrs. mos. 1½ hr ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) 3 yrs. over mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Wm J Mayo M. D.

2/4 1926 (Address) Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 2/5 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Nad

Cor.—1-12-22—M&T—100 Bks.

E06688

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 - 001

E06688

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 900 S Paca ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Smith

(a) RESIDENCE NO. 900 S Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/17/25

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Ross Smith

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Pearl Butler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Pearl Butler
(Address) 900 S Paca

15 Filed ..... 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus Neonatum

(duration) 2 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

(Signed) H. G. Wade, M. D.
(Coroner)
Feb 4, 192 (Address) 1430 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters

DATE OF BURIAL Feb 3 192 6

20 UNDERTAKER Wm Cook

ADDRESS 502 E Fayette St

Spec—12-23-21—E.B.R.S.—400 Bks.

E06689

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06689

CERTIFICATE OF DEATH.

Registered No. 118-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 216 E. Lombard St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Huber

(a) Residence No. 216 E. Lombard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Huber.

6-DATE OF BIRTH (month, day and year) June 14-1852

7-AGE. 73 yrs. 7 mos. 13 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Wm E. Gorman

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Amelia White

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14- (Informant) Mrs Maud Cooper

(Address) 216 E. Lombard St.

15-

Filed ..... 192.....

R R S Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 2-1926

17- I HEREBY CERTIFY, That I attended deceased from 11 31, 1926 to 2 2, 1926

that I last saw h. alive on Feb 2, 1926

and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Strangulated femoral hernia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia & Heart failure

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) H. H. Dunbar M. D.

2/4, 1926 (Address) 162 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Feb 5, 1926

20-UNDERTAKER, Hughes & Jacob Lee

ADDRESS 1st & Bridge

HERMAN C. HODSON, JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

E06690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06690

CERTIFICATE OF DEATH.

Registered No. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 2 Holly Ave St. Hamilton Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Josiah S. Bowen

(a) Residence No. 2 Holly Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E Bowen

6-DATE OF BIRTH (month, day and year) June 7-1847

7-AGE. 78 yrs. 8 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Clerk 509

(b) General nature of industry, business, or establishment in which employed (or employer). Custom House

(c) Name of employer. U. S. Govt

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Benjamin Bowen

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Co Md

12-MAIDEN NAME OF MOTHER. Sarah Stansbury

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Co Md

11- (Informant) Josiah S Bowen Jr

(Address)

15- Filed ..... 192 ..... Registrar.

C. HAMPSON JONES, M.D.

P.R.R.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 3rd 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1926 to Feb 3rd 1926

that I last saw h[illegible] alive on February 3rd 1926

and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis & Uraemia

(Duration) yrs. mos. 2 3 ds.

CONTRIBUTORY (Secondary) Chronic Heart disease

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) George C. C. Vogler M. D.

, 19 (Address) 15h. Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL. Feb. 6th 1926

20-UNDERTAKER. Hopkins & Hedelare

ADDRESS 424 N Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

E06691

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06691

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 2902 E. Baltimore St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Thompson

(a) Residence No. 2902 E. Baltimore St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female | 4-COLOR OR RACE: White | 5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): July 24-1851

7-AGE: 74 yrs. 6 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, John A. Thompson
11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Maryland
12-MAIDEN NAME OF MOTHER, Martha J. Smith
13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

11- (Informant) Jessie Thompson
(Address) 2902 E. Baltimore St.

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 3-1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 to Feb 3 1926
that I last saw h alive on Feb 3 1926
and that death occurred, on the date stated above, at 10:00 A.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) H. Tom Bradley M. D.
2-3 1926 (Address) 223 S. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Feb. 6 1926

20-UNDERTAKER: Hughes & Ford — ADDRESS: 4 N. Broadway

1926 C. HAMPSON Jones V.

Spec.—I-10-21—M&T—1500 Bks.

E06692

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06692

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2724 North Charles St (St.) 15-6 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Henry Rees e

(a) RESIDENCE NO. 832 West North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lellian E Reese

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71.10mo	1854	April	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Harness &c

(c) Name of employer Grunt & Co Va

9 BIRTHPLACE (city or town) (State or country) Talbott Co md

PARENTS

10 NAME OF FATHER Thomas Henry Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbott Co md

12 MAIDEN NAME OF MOTHER Mary A Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbott md

14 Informant Lillian E Townshend (Address) 2832 W North Ave

15 Filed ....., 19..... Registrar

1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1926

17 I HEREBY CERTIFY, That I attended deceased from January 28 26, 19.... to Feb 4 1926, 19....

that I last saw h in alive on Feb 4 1926, 19....

and that death occurred, on the date stated above, at 1 A M m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 2832 W North Ave

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex

(Signed) M. D. Jones, M. D.

(Address) 2724 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 2-6-1926

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Holliday etc

TION is very important. See instructions on reverse side.

Spec.—1-10-21—M&T—1500 Bks.

1 Hairstine ✓ 100-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06693 E06693

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Franklin & Pulaski 76-5

CITY OF BALTIMORE: (No. 1915 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J. Richard Hairston

(a) RESIDENCE NO. 1914 Christian ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 14 - 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4		2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER John H Hairston

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER F D Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Mrs Myrtle Corroway

(Address) 310 E North Ave

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1925, to Feb 4, 1926,

that I last saw h. alive on Feb 4, 1926

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia 2 days

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Obs

(Signed) Thos Campbell, M. D.

Feb 4, 1926 (Address) Brantley & Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral cem DATE OF BURIAL Feb 6 1926

20 UNDERTAKER Robert Brookes & Son ADDRESS Cor Calhoun & Fallsway

TION is very important. See instructions on back of

E 6694

Spec.—1-10-21—M&T—1500 Bks.

E 6694

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E6694

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2007 Eastern Ave ST. 7-3 WARD)

2-FULL NAME Sarah Miller

(a) RESIDENCE NO. 2007 Eastern Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Miller

6 DATE OF BIRTH (month, day, and year) About 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George W. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Sarah Edgar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Catherine Robinson
(Address) 2007 Eastern Ave

15 Filed ..... 19 ..... Registrar K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/1, 1923, to 2/3, 1926, that I last saw h alive on 2/3, 19.., and that death occurred, on the date stated above, at 9 30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Heart failure & Cirrhosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & symptoms

(Signed) Hy A Dallas, M. D.

2/4. 1926 (Address) 1623 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb. 5. 1926

20 UNDERTAKER Henry Sander & Sons. Inc.

ADDRESS 1710 Fleet St

TION is very important. See instructions

HAMPSON JONES, M. D.

66695 Earie Hutchins 66695

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E66695 X46 E66695

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Women's Hospital (St.) 14-2 (Ward)

2-FULL NAME Earie Hutchins

(a) RESIDENCE NO. Pensacola St., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of E. L. Hutchins

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9 BIRTHPLACE (city or town) Not Known
(State or country)

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known
(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known
(State or country)

14 Informant Hospital Records
(Address)

15 Filed ..... 192 ..... Registrar

HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to he death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronal.

Carcinoma of Uterus (Operation) (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock (duration) yrs. mos. 1 ds.

(Signed) 1/6 1926 H. C. Hodges, M. D. (Coroner)

4-6-26 , 192 (Address) 143 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. Co. DATE OF BURIAL 1-5-1926

20 UNDERTAKER Peter Moore ADDRESS 1723 N. Eden St.

BS - 1926

Spec. 1-10-21 M&T 1500 Bks.

E 6696.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06696 46 E06696

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4622 York Road ST., 27-8 WARD)

2-FULL NAME Margaret M. Cordell

(a) RESIDENCE NO. 4622 York Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 4 mos. 25 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Harry Cordell

6 DATE OF BIRTH (month, day, and year) Sept 10th 1876

7 AGE	Years	Months	Days 24	If LESS than 1 day, ... hrs or ... min.
	49	4	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk 009
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel Emerson
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry H Schrank
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Mary Thalheimer
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs C O. Smythe
(Address) 4622 York Road

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 4 1926

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1925, to Feby 4, 1926.
that I last saw her alive on Feby 3, 1926.
and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:

Adenocarcinoma of Uterus (duration) 3 yrs. mos ds.
CONTRIBUTORY (Secondary) Liver Metastasis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Walter W White M. D.
2/4, 1926 (Address) 2800 N Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Feby 6th 1926

20 UNDERTAKER George Schuling & Sons — ADDRESS N26 E Monument st

FEB 5 - 1926

TION is very important.

LINDEN AVE & BROOKS LANE. 66697.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E0669? E. cor. Linden Ave & Brooks Lane 2-6 31 E0669?

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. Rochester Court (Lyon) WARD 1E.

2-FULL NAME Moses S. Saphra

(a) RESIDENCE NO. Rochester Court St. Lyon WARD 1E.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Zpetta P. Saphra

6 DATE OF BIRTH (month, day, and year): Aug. 4 1860

7 AGE — Years: 65 — Months: 5 — Days: 29 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

(c) Name of employer: Merchant

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Isadore Saphra

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sarah Plaut

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. A. Rheinthal

(Address): Riviera Apts.

15 Filed . 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/3/1926.

17 I HEREBY CERTIFY, That I attended deceased from May 27. 1905. to Feby 3. 1926.

that I last saw h alive on Feby 3. 1926.

and that death occurred, on the date stated above, at 5.50 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis pulmonales

(duration) 20 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger M. D.

Feby 4. 1926 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shaar Shalom Cem.

DATE OF BURIAL: 2/5/1926.

20 UNDERTAKER: David Sondheim

ADDRESS: 115-20 W. Mt. Royal Ave.

TION IS very important

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06698

CERTIFICATE OF DEATH.

10 001 E06698

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1515 Belt. ST. 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME M. Luther Satterfield

(a) RESIDENCE NO. 1515 Belt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Satterfield

6 DATE OF BIRTH (month, day, and year) Dec 8-1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 0/2

(b) General nature of industry, business, or establishment in which employed (or employer) B+O R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) Denton (State or country) Md.

PARENTS

10 NAME OF FATHER Luther Satterfield

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Mollie Frampton

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mrs. Satterfield (Address) 1515 Belt

15 Filed ..... 19 RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1926 to Feb. 3, 1926.

that I last saw him alive on Feb. 3, 1926

and that death occurred, on the date stated above, at 3 17 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory Findings

(Signed) J. Edward Norris, M. D.

2-4, 1926 (Address) 107 East west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 2/5 1926

20 UNDERTAKER J. Fen McCully

ADDRESS 1308 Fort

TION is very important. See instructions on back of

E.B.J. 1926 C. HAMPSON JONES, M.D.

E. 6699. See Letter in file dated Mar 3-1926 From A. A. Sussman M.D. E. 6699.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06699 — REGISTERED NO. 90 E06699

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Linden Ave ST.) 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Herman

(a) RESIDENCE No. 2209 Linden Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Celia Herman 1873

6 DATE OF BIRTH (month, day, and year): July 15 ~~1865~~

7 AGE — Years: 52 ~~57~~ Months: 7 Days: 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Celia Herman (Address): 2209 Linden ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-4 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1925, to Feb. 4, 1926.

that I last saw him alive on Feb. 3, 1926 at 8 30 m.

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Rheumatic Heart Disease

(duration) probably since childhood yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) 12 hours yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? X-ray, Electrocardiogram

(Signed) Allen Krotman, M. D.

, 19 (Address) 2340 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rest

DATE OF BURIAL: 2/5 19 26

20 UNDERTAKER: Jack Levis

ADDRESS: 1439 Eliza

THIS IS VERY IMPORTANT — BE SURE ALL QUESTIONS ARE ANSWERED

BDE 1925 HAWSON JONES M.D.

Per

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06700 11-006 E06700

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital 16-7 WARD)

2-FULL NAME Samuel Liberman

(a) RESIDENCE NO. 726 N. Gilmor ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work News dealer's Ast

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Lazer Liebermann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna Friedman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis
(Address) 1432 Bank St

15 Filed ....., 19 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1926, to Feb 4, 1926, that I last saw him alive on Feb 4, 1926, and that death occurred, on the date stated above, at 4.40 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia
following influenza

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) Pulmonary edema (duration) ..... yrs. ..... mos ½ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Lab. + clinical

(Signed) Arthur A Cope M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 2/5 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1432 Bank St.

THIS IS very important. Be sure

Spec.—1-10-21—M&T—1500 Bks.

E 6701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06701 X 9 E06701

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 School St ST., 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hamilton B Morris

(a) RESIDENCE NO. 725 School St ST., WARD

(Usual place of abode) (If non-resident give city or town and State) Virginia

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 19th 1923

7 AGE Years 2 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Hamilton Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Millie Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Hamilton Morris (Address) 725 School St

15 Filed ..... 19 ..... Registrar PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Feb 4, 1926, that I last saw him alive on Feb 3, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Frey M. D.

Feb 24, 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dashiell Woods Co. DATE OF BURIAL Feb 7th 1926

20 UNDERTAKER Samuel Gosnell ADDRESS 864 Mary St

TION is very important. See instructions on back

FEB 5 1926 C. HAMPSON JONES, M.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06702

CERTIFICATE OF DEATH.

12-3 90 E06702

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2916 N. Calvert St ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora Mabel Budnitz

(a) Residence No. 2916 N Calvert St ..... St., ... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 ... mos. ... ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Budnitz

6-DATE OF BIRTH (month, day and year) Sept, 14 1871

7-AGE.	If LESS than 1 day.
54 yrs. 5 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... "

(c) Name of employer..... "

9-BIRTHPLACE (city or town)..... (State or Country), England

PARENTS.

10-NAME OF FATHER, Lionel Hammond

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), England

12-MAIDEN NAME OF MOTHER, Priscilla Gillingham

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), England

14- (Informant) Emil Budnitz

(Address) 2916 N. Calvert St

15- Filed ..... 192..... Registrar.

C. HAMPSON JONES, M. D.

FEB 1926

RK.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 2nd 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1926, to Feb 2nd, 1926

that I last saw h alive on Feb 1st 1926

and that death occurred, on the date stated above, at 8.00 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(Duration) 36 hours

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferson Brooks M. D.

2/3, 1926 (Address) 2844 St Paul St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	2/5 1926

20-UNDERTAKER.	ADDRESS
Henry W. Mearns Son	805 N Calvert St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

EU6703 — 74 — EU6703

1-PLACE OF DEATH: Latrobe Apartments — Registered No. C.....

City of BALTIMORE: (No. Charles & Read St.s 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Mary Fitzsimmons

(Residence in Baltimore: No. Charles & Read St.; yrs. 50 - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. ---------- (Month) -- (Day) 1... (Year)

7-AGE.	If LESS than 1 day,
About 80 yrs. -- mos. -- ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Servant
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Charles Fitzsimmons

11-BIRTHPLACE OF FATHER, (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Waters

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary S. Schenk

(Address) Latrobe Apartments Charles & Read Sts.

15-

Filed ..... 192.....

C. HAMPSON JONES, M. D.

FEB 5 1926

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 4 (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) ..... M. D. (Coroner.)

Feb 4 1926 (Address) 1034 Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral	2/6 19 26

20-UNDERTAKER.	ADDRESS
Henry W. Mears & Son	805 N. Calvert St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06704 — 9 E06704

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Bruce St. ST., 135 WARD)

2-FULL NAME Nettie Kate League

(a) RESIDENCE NO. 2604 Bruce St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F — 4 COLOR OR RACE Wht — 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 6 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Louis League

11 BIRTHPLACE OF FATHER (city or town) Pennsylvania
(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Keough.

13 BIRTHPLACE OF MOTHER (city or town) Ireland.
(State or country) Ire

14 Informant Louis League
(Address) 2004 Bruce St

15 Filed ....., 19 ..... Registrar R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Feb 4, 1926,
that I last saw h alive on Feb 4, 1926,
and that death occurred, on the date stated above, at 7:50 A.M.

The CAUSE OF DEATH* was as follows:

Bronchial cancer
with general Oedema
& Metastasis.

..... (duration) ..... yrs. ..... mos 15 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Ed Smith, M. D.

2-5, 1926 (Address) 1600 N Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Lawn Feb. 6 — DATE OF BURIAL 1926

20 UNDERTAKER Wm Cook & Son — ADDRESS E. N. Ave.

TION is very important. See instructions on back

FEB 5 1926 H. JAMESON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

Treherne.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06705 90 E06705

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1146 N. Stricker ST. 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Treherne

(a) RESIDENCE NO. 1146 N. Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Treherne

6 DATE OF BIRTH (month, day, and year) 1894 August 26

7 AGE: 31 Years 5 Months 7 Days. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) North Hampton (State or country) Va

PARENTS

10 NAME OF FATHER Charles James

11 BIRTHPLACE OF FATHER (city or town) North Hampton (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Hampton Va.

14 Informant Sarah Treherne (Address) 1146 N. Stricker St

15 Filed , 19 . Registrar PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3- 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-2- , 1926 to 2-3- , 1926,

that I last saw her alive on 2-2- , 1926,

and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) endocarditis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? examination

(Signed) Frank A. Saunders M. D.

, 19 (Address) 1127 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem. DATE OF BURIAL: Feb 6 1926

20 UNDERTAKER: Chas. H. Johnson ADDRESS: 16 N. Eutaw St.

TION IS very important. See instructions

1926 HAMPSON JAMES M. D.

Per

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

06705 — 129 E06706

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Martha Kelly

(a) Residence No. 419 N. Carolina St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1891

7-AGE. 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of Industry, business, or establishment in which employed (or employer). 070

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, John King

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Lillie Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

11- (Informant) Baltimore City Hospitals Records

(Address).....

15- Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 2, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1926 to Feb. 2 1926

That I last saw her alive on Feb. 2 1926

and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Chronic myocarditis

Myocardial failure (Duration) yrs. 4 (History) mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Keller M. D.

2-5-/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Asbury Cem. DATE OF BURIAL. Feb. 5 1926

20-UNDERTAKER. Alexis H. Johnson ADDRESS 46 N. Caro... 82

HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E06707 HEALTH DEPARTMENT—CITY OF BALTIMORE E06707

CERTIFICATE OF DEATH.

REGISTERED NO. 12-5-90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 E.32nd.St ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Fortt Keyser

(a) RESIDENCE NO. 201 E.32nd.St ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 74 yrs. 5 mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) ABOUT Sept. 27th. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73 74	74	5 4	8 7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER Derick W. Keyser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Laura McComas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ???? Md.

14 Informant Mrs E.C. James (Neice)
(Address) 201 E. 32nd. St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1926, to Feb 3rd, 1926, that I last saw h[illegible] alive on Feb 3rd, 1926, and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows: Chronic Endocarditis

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2-9-1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mountain Christian Cem.

DATE OF BURIAL Feb. 8'26

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS 108 W. NORTH AVE.

C. HAMPSON JONES, M.D.

Spec. 140-71 MAT 1500 Blks.

Eagon

HEALTH DEPARTMENT—CITY OF BALTIMORE

184424

E06708

CERTIFICATE OF DEATH. x 65-0

E06708

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James L. Eagon

(a) RESIDENCE NO. Glenville, W. Va. ST., ... WARD Glenville W. Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? 58 yrs. 6 mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cora Fisher Eagon

6 DATE OF BIRTH (month, day, and year) June 8. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	6	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Dry Goods

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Kansas

PARENTS

10 NAME OF FATHER Charles Eagon

11 BIRTHPLACE OF FATHER (city or town) Staunton (State or country) Va.

12 MAIDEN NAME OF MOTHER Virginia Lavery

13 BIRTHPLACE OF MOTHER (city or town) W. Va (State or country) West Va.

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL.

15 Filed ..... 19 ..... Registrar

FEB 5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23rd, 1926, to Feb. 4th, 1926, that I last saw him alive on Feb. 4th, 1926, and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. P. Wahl, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glenville, Gilmer - West Va.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

DATE OF BURIAL Feb. 5 1926

ADDRESS 108 W. NORTH AVE

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06709

CERTIFICATE OF DEATH.

11-001

E06709

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 N. Durham St., 8-3 WARD)

2-FULL NAME Wilbur N. White

(a) RESIDENCE NO. 1517 N. Durham ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 20 - 1920

7 AGE	Years	Months	Days 14	If LESS than 1 day, ...hrs or ....min.
	6	-	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Chas E White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary E. Silbereagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Charles E White
(Address) 1517 N. Durham st

15 Filed ....., 19.... Registrar

FEB 5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-4 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-25 1926 to 2-4 1926.

that I last saw h... alive on 2-4 1926

and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

1a Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) F. F. Burnett M. D.

2-4 1926 (Address) 600 N. Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb 6 1926

20 UNDERTAKER Henry Lutz

ADDRESS 1203 N. Broadway

TION IS very important

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E06710

CERTIFICATE OF DEATH.

E06710

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hosp
CITY OF BALTIMORE: (No. Baltimore · Md ST., 8-3 WARD)

2-FULL NAME Mr. John W. Thirkel

(a) RESIDENCE NO. 1417 N. Caroline St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Lifetime How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine L. Thirkel

6 DATE OF BIRTH (month, day, and year): July 26-1852

7 AGE: Years 73 Months 6 Days 8 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Can Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer): 045
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10 NAME OF FATHER: John H. C. Thirkel
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto
12 MAIDEN NAME OF MOTHER: Susan Shaw
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): Mrs Thirkel 1417 Caroline St (north)

15 Filed ..... 19 ..... Registrar PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1926, to Feb 3, 1926.
that I last saw h[illegible] alive on Feb 3, 1926
and that death occurred, on the date stated above, at 7 00 A m.

The CAUSE OF DEATH* was as follows:
Hypertrophied Prostate with acute Retention
(duration) ..... yrs. ..... mos 3 ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Home
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical Findings
(Signed) H. R. Mc Connell, M. D.
, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL 2/8-26
20 UNDERTAKER: Chas. H. Shaw & Son — ADDRESS 118 W. Royal Ave

TION is very important.

Spec. 1 1921 M&T 1500 Blks.

E06711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E06711

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Belair Rd. ST., 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Daugherty

(a) RESIDENCE NO. 2107 Belair Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24-1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber 054.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Michael J. Dougherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Johanna Egan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ire

14 Informant Mary E. Thomas (Address) 2107 Belair Road

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3. 1926.

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926, to Feb. 2, 1926.

that I last saw him alive on Feb. 2, 1926,

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Robert J. Green M. D.

2-3, 1926 (Address) 120 Leisguith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catholic Cemetery	2/6 1926
20 UNDERTAKER	ADDRESS
Chas. E. Raue & Son	1180 W. Mt. Royal Ave

TION is very important. Be sure to

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06712 — CERTIFICATE OF DEATH. — 129 E06712

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 308 Collins Ave St.; 20-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Jamieson

(Residence in Baltimore: No. 308 Collins Ave St.; 37 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 25th (Day), 1859 (Year)

7-AGE. 66 yrs. 9 mos. 8 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 60 D
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Wales Peru S.A.

PARENTS.

10-NAME OF FATHER, William Jamieson

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Jean Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Wales

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm Jamieson

(Address) 308 Collins av

15-

Filed....., 191.... Registrar.

FEB 5 - 1926 THOMPSON-JONES, M.D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 3rd (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24th 1926, to Feb 2nd 1926, that I saw him alive on Feb 2nd 1926, and that death occurred, on the date stated above, at 4.50 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Failure due to Dilatation Pulmonary Edema

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) J B Saunders M. D.

Feb 3rd, 1926 (Address) 719 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 3/6/26

20-UNDERTAKER Chas. P. Sauerwein Son — ADDRESS 1180 W. Royal Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06718 E06718

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 2023 Penrose Ave. ST 21-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME WILLIAM HASELHORST

(Residence in Baltimore: No. 1113 Washington Blvd. St.; yrs., 45 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, March, 20th., 1850
(Month) (Day) (Year)

7-AGE, 75 yrs. 10 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Harness- Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Mr. Haselhorst

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Otto Haselhorst
(Informant)
2535 Woodbrook Ave.
(Address)

15-
Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3rd, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and find that said deceased came to his death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer Liver

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. R. B. Horton M. D.
(Coroner)
Feb 4th, 1926 (Address) Curtis Bay

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem
DATE OF BURIAL, Feb 5th, 1926

20-UNDERTAKER Joseph D. Cook
ADDRESS 1003 W. Lanvale St

Important: See instructions on back.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06714 12 E06714

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Lang

(a) RESIDENCE NO. 641 West Redwood Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Lang

6 DATE OF BIRTH (month, day, and year) Feb. 3" 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William J. Lang

(Address) 641 West Redwood St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3" 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/1/26 to 2/3/26, 19

that I last saw h alive on 2/3/26, 19

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Ch.)

Chronic nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (Terminal)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Bernard J. Tenny, M. D.

2/5/ 1926 (Address) 910 W. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Feb. 6" 1926
20 UNDERTAKER	ADDRESS
Joseph B Cook	1003 W. Pratt St.

FROM REGISTRY BOOK

C. JAMESON JONES, M. D.

1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06715

100-001

CERTIFICATE OF DEATH.

REGISTERED No. E06715

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 So. Caroline ST. 3-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Brown

(a) RESIDENCE No. 411 So. Caroline ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colord

5 ~~Single, Married, Widowed,~~ or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8. 1925

7 AGE: Years | Months 7 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Harry Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Katie Martian

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Katie Brown

(Address) 411 S. Caroline st

15 Filed ....., 19 ..... R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2 - 1926 to Feb 4 1926

that I last saw h[illegible] alive on Feb. 3 1926

and that death occurred, on the date stated above, at 1.20 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr Gill Kennard M. D.

2-4. 1926 (Address) 708 Enson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemty — DATE OF BURIAL 2/4/26 1926

20 UNDERTAKER Bayard Wright — ADDRESS 1218 McElderry.

Spec.—1-10-21—M&T—1500 Blks.

Aberaitis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06716 — 12 — E06716

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. ..... ST., 9-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Aberaitis

(a) RESIDENCE NO. St Joseph's Hospital ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Orderly at Hosp

(b) General nature of industry, business, or establishment in which employed (or employer): St Josephs Hospital

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lithuania.

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Records St Josephs Hosp.
(Address): Eastern Ave & Ellwood Ave

15 Filed ..... 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/26

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1925, to Feb 4, 1926, that I last saw him alive on Feb 4, 1926, and that death occurred, on the date stated above, at 5 pm m.

The CAUSE OF DEATH* was as follows:

Hypertensive cardio-vascular disease.
Chronic Nephritis

(duration) 5 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage.

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory.

(Signed) Clement F. Manor, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Feb 6 1926

20 UNDERTAKER: Henry Wood Son — ADDRESS: 1501 E Eager St

TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

E06717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E06717

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 E. Oliver ST., 8-3 WARD)

2-FULL NAME Caroline B. Albrecht

(a) RESIDENCE NO. 2037 E Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S., if of foreign birth? 58 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (~~HUSBAND~~ of the late) (or) WIFE of George A. Albrecht.

6 DATE OF BIRTH (month, day, and year) Sept. 8 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Casimir Herberich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Frank A. Hessler

(Address) 2037 E. Oliver St

15 Filed ..., 19... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1926, to Feb. 3, 1926, that I last saw her alive on Feb. 3, 1926, and that death occurred, on the date stated above, at 7.15 p. m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis - Myocarditis

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Edema of lungs

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Conrad Schmitt M. D.

2/7, 1926 (Address) 701 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL February 6 1926

20 UNDERTAKER Henry Koeck Son — ADDRESS 1301 E Eager St

HOW IF VERY IMPORTANT

Spec.—1-10-21—M&T—1500 Bks.

E06718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 or Grindall St., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Irene Lycett

(a) RESIDENCE NO. 40 or Grindall ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 14, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Walter Lycett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs Lycett

(Address) 40 or Grindall St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1926, to Feb 4, 1926.

that I last saw h[illegible] alive on Feb 3, 1926

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTOR (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Macroscopic

(Signed) Edward Norris M. D.

2-4-1926 (Address) 107 East West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. Ashland Rd. DATE OF BURIAL: Feb. 6 1926

20 UNDERTAKER: Margaret G. Flynn ADDRESS 1911 Eight St

[illegible] 1926 C. HANSON JONES M. D.

Spec.—1-10-21—M&T—1500 Bks.

E06719

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06719

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 S. Washington ST. 7-1 WARD)

2-FULL NAME Elizabeth Tarr

(a) RESIDENCE NO. 421 S. Washington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Melvin Tarr

6 DATE OF BIRTH (month, day, and year) May ? 1897

7 AGE — Years: 28 — Months: 9 — Days: 8 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Julian Rutkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Caroline Burkowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Melvin Tarr
(Address) 421 S. Washington

15 Filed ..... 19 ..... Registrar

RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1925, to Feb. 3, 1926, that I last saw h[illegible] alive on Feb. 3, 1926, and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Valvular heart

Disease about (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Valvular heart

Disease (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) [illegible], M. D.

2/4. 1926 (Address) 1937 Gough St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents Cemy — DATE OF BURIAL: Feb 6 26

20 UNDERTAKER: Harry H. Witzke — ADDRESS: 534 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

E06720

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06720

CERTIFICATE OF DEATH.

X 38

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 21-3 WARD)

2-FULL NAME John Alexander.

(a) RESIDENCE NO. 876-W. St. Peter St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
-	37		?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

9 BIRTHPLACE (city or town) Roplew, (State or country) N.C.

PARENTS

10 NAME OF FATHER Will Alexander.

11 BIRTHPLACE OF FATHER (city or town) N.C. (State or country)

12 MAIDEN NAME OF MOTHER Elsie Bangs,

13 BIRTHPLACE OF MOTHER (city or town) N.C. (State or country)

14 Informant Harvey Allen, (Address) 703-Chester St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 19 25 to Jan. 28, 19 26.

that I last saw h im alive on Jan. 28, 19 26,

and that death occurred, on the date stated above, at 4 = p. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis or Embolism.

Chronic Cystitis (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ruptured Ectopic Valve Cusp

Chronic (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No.

What test confirmed diagnosis? Physical + History.

(Signed) L. T. Brown, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
HAMPSON JONES, M.
FEB 1926

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06721

161-00 E06721

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Aisquith St. 10-2 WARD)

2-FULL NAME Betty Smith

(a) RESIDENCE NO. 1101 Aisquith ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	—

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 30/26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1 hr			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) 0 0
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Oscar Brooks

11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)

12 MAIDEN NAME OF MOTHER Martha Smith

13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Martha Smith
(Address) 1101 Aisquith Ave

15 Filed ..... , 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Postmaturity Prematurity

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Walker M. D.
(Coroner.)

2-4-26 192 (Address) 5886 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL 192
20 UNDERTAKER	ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

06722

HEALTH DEPARTMENT—CITY OF BALTIMORE

06722

CERTIFICATE OF DEATH.

88

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat ST 25th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie C. McCarthy

(a) RESIDENCE NO. Mount Hope Retreat ST 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 0 ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Mrs. McCarthy

6 DATE OF BIRTH (month, day, and year) Aug 5th 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (?)
(State or country) Texas

PARENTS

10 NAME OF FATHER Josie Barlow

11 BIRTHPLACE OF FATHER (city or town) Howard Co
(State or country) Md.

12 MAIDEN NAME OF MOTHER Katerine Ricketts

13 BIRTHPLACE OF MOTHER (city or town) Howard Co
(State or country) Md.

14 Informant Records of Mt Hope Retreat
(Address) Mount Hope Retreat Baltimore Md.

15 Filed ....., 19 ..... Registrar

R.R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 25th, 1924, to Feb 5th, 1926, that I last saw her alive on Feb 4th, 1926, and that death occurred, on the date stated above, at 4.15 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) 2 yrs. 6 mos 14 ds.

CONTRIBUTORY (Secondary) Chr. Diff. Hydrocele

(duration) 5 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Flannery, M. D.

Feb 5, 1926 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Feb 8, 1926

20 UNDERTAKER Edw. Leo Wood (50) — ADDRESS E. Monu

TION IS very important

Spec.—1-10-21—M&T—1500 Bks.

E06723

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06723

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 421 S Duncan ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Borkman

(a) RESIDENCE NO. 421 S Duncan ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 10 mos. — ds. How long in U. S., if of foreign birth? 28 yrs. 10 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 23/97

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Piano Polisher

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Herman Borkman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Radtka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henrietta Borkman
(Address) 421 S Duncan st

15 Filed ..... 19 ..... Registrar

RTA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1925, to Feb. 4, 1926.

that I last saw her alive on Feb 4, 1926.

and that death occurred, on the date stated above, at 4.10 p m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pulmic

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) O. S. Nee, M. D.

19 (Address) 4058 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Schwartzs Cemetery

DATE OF BURIAL 2/6 1926

20 UNDERTAKER Jos Heinsohn & Bro

ADDRESS 1117 E Balto st

TION IS very important

Spec.—1-10-21—M&T—1500 Blks.

E06724R

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-09

E06724

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 517 Numaen ST., 17-2 WARD)

2-FULL NAME Mary Robinson

(a) RESIDENCE NO. 517 Numaen ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: Colord

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leroy Robinson

6 DATE OF BIRTH (month, day, and year): Nov. 25th 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	2.	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Cooking Ect

(c) Name of employer: Mrs. Merryman

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Henry Easley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Halifax Virginia

12 MAIDEN NAME OF MOTHER: Ella Good

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Rosie Thomas Sister

(Address): 1416 Division St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4th, 1926, to Feb 5, 1926

that I last saw her alive on Feb 4th, 1926

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Bronchs Pneumonia

From History (duration) about yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Bronchites

From History (duration) about yrs. ... mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Samuel A Rain, M. D.

, 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Feb 7/926

20 UNDERTAKER: Dame Carlon

ADDRESS 916 Pa Ave

Spec. 1-10-21 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

206725 206725

CERTIFICATE OF DEATH.

REGISTERED NO. 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4606 Milford Avenue, St., Howard Park WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David H. Lucchesi

(a) RESIDENCE NO. 4606 Milford Ave St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 11 mos. 2 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Hogan

6 DATE OF BIRTH (month, day, and year) Mar. 3, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick A. Lucchesi

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Ellen Howe

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant David H. Lucchesi Jr.
(Address) 4606 Milford Avenue

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926 to Feb. 6, 1926 that I last saw him alive on Feb. 5, 1926. and that death occurred, on the date stated above, at 2.10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Amerigo Sorelle M. D.

, 19 (Address) 372 Liberty Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/6 1926

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 805 N. Calvert

C. HAMPSON JONES, M. D.

1926 Per

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06726

74-001 E06726

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 S. Curley St. 1-2 Ward)

2-FULL NAME Joseph Kremla

(a) RESIDENCE NO. 7 S Curley St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 1/2 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Kremla

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Austria

PARENTS

10 NAME OF FATHER John Kremla

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Austria

12 MAIDEN NAME OF MOTHER Elz. Lumpf

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Austria

very important. See instructions on back

14 Informant Amalie Kremla

(Address) 7 S Curley

15 Filed _____, 19____ _____ Registrar

RPH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) four hrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) James M Fenton M. D. (Coroner)

2/4, 1926 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer	Feb 6 1926

20 UNDERTAKER	ADDRESS
Frank Brockton	1906 Eastland Ave

Spec.—1-10-21—M&T—1500 Bks.

E06727

HEALTH DEPARTMENT—CITY OF BALTIMORE

100

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2532 Exeter ST. 5-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angeline Branciforte

(a) RESIDENCE NO. 2532 Exeter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 10 mos. — ds. How long in U. S., if of foreign birth? — yrs. 10 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 4/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nail pol

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Marcello Branciforte

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Josephine Catrano

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Marcello Branciforte

(Address): 2532 Exeter St

15 Filed ....., 19..... Registrar

Rec'd.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Feb 5, 1926,

that I last saw h alive on Feb 4, 1926,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Rheumatic Edema - Cardiac - Dilatation

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? ✓

(Signed) Nora Swenson, M. D.

, 19 (Address) 532 Exeter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	2/6 1926
20 UNDERTAKER: A. J. Swenson & Bro	ADDRESS: E Balto st

TION IS very important

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Neil N. Songer Jr.

(Residence in Baltimore: No. Miami Florida St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 9 (Month) (Day), 1923 (Year)

7-AGE, 2 yrs. 4 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Miami Florida

PARENTS.

10-NAME OF FATHER, Neil N. Songer Sr

11-BIRTHPLACE OF FATHER (State or Country), Florida

12-MAIDEN NAME OF MOTHER Eva Hellis

13-BIRTHPLACE OF MOTHER (State or Country), Florida

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Neil N. Songer Sr

(Address) Miami Florida

15-

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 5 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY Probably Malaria (Secondary) Lymphadenitis (Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Pallen (Coroner) M. D.

2/5/26 191... (Address) 508 E Northern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Miami Fla

DATE OF BURIAL, 2/6/26, 19....

20-UNDERTAKER Joseph Ahern

ADDRESS 721 N Bway

Spec.—I-10-21—M&T—1500 Bks.

E06729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06729

CERTIFICATE OF DEATH.

101-05

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 E. Madison ST. 7-1 WARD)

2-FULL NAME Charles L Gardner

(a) RESIDENCE NO. 1615 E. Madison ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Nina L Gardner

6 DATE OF BIRTH (month, day, and year) July 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Charles Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Bettie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Earlin L Gardner
(Address) 1615 E. Madison St

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1926. to Feb. 3, 1926.

that I last saw him alive on Feb. 3, 1926.

and that death occurred, on the date stated above, at 1 32 A. m.

The CAUSE OF DEATH* was as follows:

Tabes pneumonia

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? nn Date of .....

Was there an autopsy? nn .....

What test confirmed diagnosis? .....

(Signed) Robert L. Green M. D.

2-4-1926. (Address) 120 Fisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenden Va

DATE OF BURIAL 2/6 1926

20 UNDERTAKER Jas W. Simmes 1620 E. C

ADDRESS

RWW.

TION IS very important

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

36739

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Clifford.

(a) RESIDENCE. No. German Aged Home St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Feb. 10 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Rousselot.

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Christine Brecht.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant German Aged Home Records
(Address) Baltimore Clayton Sts.

15 Filed , 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1926, to Feb 4th, 1926, that I last saw her alive on Feb 4, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A. Wolf, M. D

, 19 (Address) 1843 W Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	Feb. 6" 26
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 E. Balto St

Spec.—1-10-21—M&T—1500 Bks.

(Carmine)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06731

CERTIFICATE OF DEATH

101-001

E06731

1-PLACE OF DEATH Franklin Sq Hospital

REGISTERED NO. 3-1

CITY OF BALTIMORE: (No. [redacted], ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Carmen Marruzzello

(a) RESIDENCE NO. 242 S. High St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Marruzzello

6 DATE OF BIRTH (month, day, and year) May 3 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	50	9 11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) Grocer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Jennie Marruzzello

(Address) 242 S. High

15 Filed ..... 19 .....

Registrar

RCS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 26 19 26, to Feb 4 19 26,

that I last saw him alive on Feb 4 19 26

and that death occurred, on the date stated above, at 5:20 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Operation Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Louis Gutstein M. D.

2/4 19 26 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 8 1926

20 UNDERTAKER Wendell Apple & Son — ADDRESS 378 Lemmon

TION is very important

Cor.—12-9-25—A Co.—200 Bks.

(Cacace)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06732 89 E06732

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 20 S. Castle St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Therese Cacace

(a) RESIDENCE NO. 20 S. Castle St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph T. Cacace

6 DATE OF BIRTH (month, day, and year): Mar 1. 1884

7 AGE: Years 41 | Months 11 | Days 2 3 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: at home

9 BIRTHPLACE (city or town): Balto City

(State or country)

PARENTS

10 NAME OF FATHER: August Goetzinger

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Germany

12 MAIDEN NAME OF MOTHER: Emma Mueller

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Balto City

14 Informant: Joseph T. Cacace (Address) 20 S. Castle St.

15 Filed _____, 19____ Registrar

very important. See instruction on back of

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Congestive Chills

(duration) Sudden yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) James M. Hundley, M. D. (Coroner)

2/4 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Feb 8 1926

20 UNDERTAKER: Kindell & Appel Son — ADDRESS: 378 Hanover

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

606733

100 col 606733

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N Madeira ST. 6-2 WARD)

2-FULL NAME Bernadine T. Brendel

(a) RESIDENCE NO. 416 N Madeira ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 22 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balt
(State or country)

PARENTS

10 NAME OF FATHER George Brendel

11 BIRTHPLACE OF FATHER (city or town) Balt
(State or country)

12 MAIDEN NAME OF MOTHER Rose Napreaki

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant George Brendel
(Address) 416 N Madeira

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1926, to Feb 4, 1926, that I last saw h[illegible] alive on Feb 4, 1926, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Marasmus Inanition

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. C. Daly, M. D.

, 19 (Address) 310 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 6 1926

20 UNDERTAKER Wendell Diffendoon — ADDRESS 378 Mmr

FEB 1926 C. HAMILTON JONES, M.D.

ec.—1 12-23—M&T—500 Blks.

E06734

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-091

E06734

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 S. Charles St. 23-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert James Shaw

(a) RESIDENCE No. 1737 S. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word)
Male	white	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Shaw

6 DATE OF BIRTH (month, day, and year) April 25 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	9	10 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Executive Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Bell Telephone Co

9 BIRTHPLACE (city or town) (State or country) Trenton N. J.

PARENTS

10 NAME OF FATHER Robert Shaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Hannah Alcock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Annie E. Shaw (Address) 1737 S. Charles.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1926, to Feb 5, 1926, that I last saw h[illegible] alive on Feb 5-26, 1926, and that death occurred, on the date stated above, at 7 A m

The CAUSE OF DEATH* was as follows:

Septic Bronchial Pneumonia.

(duration) 2 yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) C. Mitchell, M. D.

, 19 (Address) 1294 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL Feb 8 1926

20 UNDERTAKER for Jacobsen & Son — ADDRESS 2178 E. Pr...

E06735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06735

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Nanticoke St WARD)

2-FULL NAME John Schoen

(a) RESIDENCE (No. 1116 Nanticoke ST WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5-2 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilhelmina Schoen

6 DATE OF BIRTH (month, day, and year): Aug 24 1850

7 AGE: Years 75 Months 5 Days 10 If LESS than 1 day, ... hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): 088

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Schoen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wilhelmina Schoen
(Address) 1116 Nanticoke St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 3 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 19 26, to ....., 19 26,

that I last saw h— alive on ....., 19 26

and that death occurred, on the date stated above, at 5 P m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Senile Dementia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) ..... M. D.

2/4/26, 19 (Address) 811 Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Feb 6 1926

20 UNDERTAKER: Jos Joerdens & Son

ADDRESS: 217 S Pac

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06736 90 E06736

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5240 Parkheights Ave

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel C Hobbert

(a) RESIDENCE No. 5240 Parkheights Ave

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Hobbert

6 DATE OF BIRTH (month, day, and year) Aug 29 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	43	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) 886

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sadie Hobbert

(Address)

15 Filed ..... 1926 ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Feb 4, 1926, that I last saw him alive on Feb 3, 1926, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Acute Detelation

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Inflamatory Rheumatism

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Chas J Nelly, M. D.

, 19 (Address) 5242 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Feb 6 1926

20 UNDERTAKER Chenoweth & Son — ADDRESS 3417 Chestnut Ave

Spec.—1-10-21—M&T—1500 Blks.

E06737 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E06737

1605

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. West Baltimore General Hospital St. 11 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Apsley

(a) RESIDENCE NO. 3404 Edmondson Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 29 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph Carl Apsley

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Lottye S. Frost

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Katherine L. Frank
(Address) 302 S. Highland Ave

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M.D.

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-4 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to Feb 4, 1926, that I last saw her alive on Feb 4, 1926, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Inanition

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Guy DeVilbiss M. D.

2-4-1926 (Address) 400 N Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Feb 6 1926

20 UNDERTAKER F. A. Schwaner & Son — ADDRESS 703 Hanover St

Cor.—12-9-25—A Co.—200 Bks.

E06738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 118-002

E06738

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie M. Groom

(a) RESIDENCE NO. 651/2 Winters Ave Catonsville Md St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): July 17/1902

7 AGE: Years 23 Months 6 Days 19 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Md

PARENTS

10 NAME OF FATHER: Nicholas Groom

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Betty Cook

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): ;d

14 Informant: Betty Groom

(Address): Catonsville Md

15 Filed....., 19.....

Registrar

very important. See instructions on reverse side.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Autopsy at Hopkins

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Paine M. D.

(Coroner)

2/5/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carroll Co. Date of Burial: Feb 7 1926

Emanuel Cem

20 UNDERTAKER: Easton Sons ADDRESS: Elkridge City

Spec.—1-10-21—M&T—1500 lbs.

E06739

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

100 E06739

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 S. Chester ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irena. Filipiak

(a) RESIDENCE NO. 325 S. Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 25 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Stephen. Filipiak

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Josephine . Bengier

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Mrs. Josephine . Filipiak Mother

(Address) 325 S. Chester Street

15 Filed , 19 Registrar

RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 4 1926

17 I HEREBY CERTIFY, That I attended deceased from 2 - 1 , 1926, to 2 - 4 , 1926

that I last saw h alive on 2 - 4 , 1926,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Bronchia Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) [illegible], M. D.

, 1926 (Address) 3028 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Feb 6 1926

20 UNDERTAKER John m Weber ADDRESS 803 Bank St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06740

CERTIFICATE OF DEATH.

16 E06740

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 N. Curley ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J. Myers Jr.

(a) RESIDENCE No. 821 N. Curley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 3/26

7 AGE: Years | Months | Days: 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Edward Myers

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Parr

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Edward Myers

(Address) 821 N. Curley St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 3 1926 to Feb 5 1926, that I last saw him alive on Feb 5 1926 and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Acetabotosis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Reynolds M. D.

(Address) 802 Kennedy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Feb 6 1926

20 UNDERTAKER: Jas E. Tuttle & Son ADDRESS 2334 Eutaw

TION IS very important

Spec.—1-10-21—M&T—1500 Bks.

20674 — 20674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Md. Gen'l. Hospital

CITY OF BALTIMORE: (No Madison & Linden Ave. ST., 904 WARD)

2-FULL NAME Mr. John Gontrum

(a) RESIDENCE NO. 625 Walbert Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Mr. John Gontrum

6 DATE OF BIRTH (month, day, and year) Sept. 6/1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	4	27 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md

PARENTS

10 NAME OF FATHER Peter Gontrum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ann Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co.

14 Informant (Address) Jno Gontrum 625 W Walbert Ave

15 Filed ..... 19 ..... RRA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 24 1926 to Feb 5 1926, that I last saw him alive on Feb 5 1926, and that death occurred, on the date stated above, at 1:26 P. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) Yrs ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uremia ?

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jno A Gontrum M. D.

, 19 (Address) 1301 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Feb 8 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

FRONT PART

E06742

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06742

CERTIFICATE OF DEATH.

Registered No. C 66

1-PLACE OF DEATH

City of BALTIMORE: (No. Homewood Hospital St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Cairns

(Residence in Baltimore: No. 1118 N. Charles St St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct (Month) 15 (Day) 1869 (Year)

7-AGE. 56 yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country). Scotland

PARENTS.

10-NAME OF FATHER. David Cairns

11-BIRTHPLACE OF FATHER, (State or Country). Scotland

12-MAIDEN NAME OF MOTHER. Elizabeth Keenan

13-BIRTHPLACE OF MOTHER, (State or Country). Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred H. Cairns

(Address) 114 W. 81st New York N. Y.

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 3 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Chronic Alcoholism

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs.....mos.....ds.

(Signed) [illegible] M. D.
(Coroner.)

Feb 5 1926 (Address) 312 N. Calvert

(State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Woodlawn Cemetery	Feb 6 1926
20-UNDERTAKER.	ADDRESS
Henry W Mears & Son	805 N. Calvert St.

Spec.—1-10-21—MAT—1500 Blks.

E06743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E06743

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5009 York Road ST. 27-9 WARD)

2-FULL NAME William F. Dunn

(a) RESIDENCE NO. 5009 York Rd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, ~~widowed, or divorced~~
HUSBAND of (or) ~~WIFE of~~ Lillian Dunn

6 DATE OF BIRTH (month, day, and year) Jan 26 1874

7 AGE Years 52 Months ... Days 9 8 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Treas. Balto. Ball Club

(b) General nature of industry, business, or establishment in which employed (or employer) Baseball Club

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER John Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Newfoundland U.S.

12 MAIDEN NAME OF MOTHER Marie Comstock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Newfoundland

14 Informant Lillian Dunn
(Address) 5009 York Rd

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/ 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1925, to Jan 24, 1926, that I last saw h~~im~~ alive on Jan 24-26, 1926, and that death occurred, on the date stated above, at 4 40 P m.

The CAUSE OF DEATH* was as follows:

Pancreatic Carcinoma

(duration) - yrs. 8 mos ... ds.

CONTRIBUTORY (Secondary) —
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Jan. 6-15-26

Was there an autopsy? No

What test confirmed diagnosis? Operation.

(Signed) Thos L Brown, M. D.

, 19 (Address) 12 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loyola St Marys Cemetery

DATE OF BURIAL 2/8/ 1926

20 UNDERTAKER J. A. Moran

ADDRESS 3000 E. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06744 E06744

CERTIFICATE OF DEATH.

11-00

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2620 Hudson ST. 1-3 WARD)

2-FULL NAME Vincent J. Zyglinski.

(a) RESIDENCE NO. 2620 Hudson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred - yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 1-1925.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child. DD

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore. (State or country) Md.

PARENTS

10 NAME OF FATHER John Zyglinski.

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Stanislawa Rosicki

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant (Address) John Zyglinski 2620 Hudson St

15 Filed ..... 19 ..... Registrar

RSD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5- 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-1 1926 to 2-1 1926.
that I last saw him alive on 2-4 1926.
and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

1a Grippe

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Finding

(Signed) A. J. Bratkowski, M. D.

19 (Address) 500 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus.	Feb 6th 1926
20 UNDERTAKER M. J. Sadowski.	ADDRESS 705 S. Ann

REGISTERED
1926 C. THOMPSON JONES, M.D.
Registrar

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06745

CERTIFICATE OF DEATH.

29 E06745

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 Rockdale ave ST. 26-17 WARD)

2-FULL NAME Johann Kurtz. Sr.

(a) RESIDENCE NO. 304 Rockdale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kurtz

6 DATE OF BIRTH (month, day, and year) Dec 18 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Baker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Johann Kurtz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria.

14 Informant Mr. John Kurtz, Jr.

(Address) 304 Rockdale ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4, 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1926 to Feb. 3, 1926, that I last saw him alive on Feb. 3, 1926, and that death occurred, on the date stated above, at 9:10 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. 10 mos. 12 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Evidente

(Signed) Benj. D. Hayden, M. D.

2/6, 1926 (Address) Benj. D. Hayden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Feb 6 1926
20 UNDERTAKER	**ADDRESS**
Geo. J. Ruth	1735 Hanford ave.

RRH

Spec.—1-10-21—M&T—1500 Blks.

E06746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06746

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 915 S. Potomac St. (Harrison) ST. | - Hosp. WARD)

2-FULL NAME Mrs. Charles A. Gardner

(a) RESIDENCE NO. Samos, Middlesex Co. ST. WARD Virginia
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 5 mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Gardner

6 DATE OF BIRTH (month, day, and year) Nov. 11. 1869.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	56	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER James D. Adams

11 BIRTHPLACE OF FATHER (city or town) King & Queen
(State or country) County, Va.

12 MAIDEN NAME OF MOTHER Fannie James

13 BIRTHPLACE OF MOTHER (city or town) Matthews
(State or country) Co., Va.

14 Informant Mrs. Jas. B. Adams (mother)
(Address)

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1917, to Feb. 3, 1926.

that I last saw her alive on Feb. 3, 1926,

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the breast

(duration) 8 yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Metastases to Lungs & Liver (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Samos, Va

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray, general knowledge.

(Signed) Robert E. Fricke M. D.

, 19 (Address) 1418 Eutaw Pl., City.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL Feb 6 1926

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager

sh.

Spec.—1-10-21—M&T—1500 Blks.

06747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06747

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1437 N. Luzerne ST., 9-5 WARD)

2-FULL NAME Mary Steinkamp

(a) RESIDENCE NO. 1437 N Luzerne ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Steinkamp.

6 DATE OF BIRTH (month, day, and year) May 4 - 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... at home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Balto

PARENTS

10 NAME OF FATHER Michl. Murphy

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Ireland

12 MAIDEN NAME OF MOTHER Cath Boylan

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Ireland

14 Informant Walter Steinkamp.
(Address) 1437 N. Luzerne

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1925 to Feby 3 1926

that I last saw h alive on Feby 3 1926

and that death occurred, on the date stated above, at 10.25 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) 0 yrs. 1 mos 23 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) M. O'Neill M. D.

2/5 1926 (Address) 108 N Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Feb 8-1926

20 UNDERTAKER F. A. Strouse & Son

ADDRESS 703 Hanover

1926 C. HAMPSON JONES, M.D.

Dec.—1-12-23—M&T—500 Blks.

E06748

HEALTH DEPARTMENT—CITY OF BALTIMORE

B/E06748

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (W.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Alaxander

(a) RESIDENCE No. 909 Myrtle ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cleaning

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Orpheus Alaxander

11 BIRTHPLACE OF FATHER (city or town) Washington (State or country) District of Columbia

12 MAIDEN NAME OF MOTHER Elizabeth Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4, 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1926, to Feb. 4, 19 26, that I last saw him alive on Feb. 4, 19 26, and that death occurred, on the date stated above, at 6.20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral stenosis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McClane 4th, M. D.

2-4-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL Feb 8 19 26

20 UNDERTAKER Robert Williams ADDRESS 1515 McCulloh St

Spec.—1-10-21—MAT—1500 Blks.

E06749

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06749

CERTIFICATE OF DEATH.

X 31

1-PLACE OF DEATH West Balto Gen'l Hospital

CITY OF BALTIMORE: (No. Raynor and Richland ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Blackwell

(a) RESIDENCE NO. 917 Forest ST., WARD Kenbridge Va
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work D-2

(b) General nature of industry, business, or establishment in which employed (or employer) Shoeman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER B. Blackwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or enuntry) Va

14 Informant Archie Budgeth
(Address) 917 Forest St

15 Filed . . 19 . . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/2 19 26

17 I HEREBY CERTIFY, That I attended deceased from 12/10 . 19 25 to 2/2 . 19 26.

that I last saw h live on 2/2 . 19 26

and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. Massiny, M. D.

. 19 (Address) 416 B. G. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kenbridge Va — DATE OF BURIAL Feb. 6 1926

20 UNDERTAKER Robert L. Williams — ADDRESS 1515 McElroy St

1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E06750

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06750

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 Stanwood ST. 22-E WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Colean Reed

(a) RESIDENCE NO. 225 Stanwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Reed

6 DATE OF BIRTH (month, day, and year) Dec 12 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	27.	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Chas. S. Grey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Minnie Clive

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Minnie Grey

(Address) 225 E. Stanwood St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4th 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31 1926 to Feb 4th 1926.

that I last saw h[illegible] alive on Feb. 4th 1926.

and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

From History (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) J. P. Strong, M. D.

2-5, 19 26 (Address) 506 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fredericksburg Va.

DATE OF BURIAL Feb 7, 19 26

20 UNDERTAKER F. C. Wanserson

ADDRESS 703 E Baltimore St

ec.—1-12-23—M&T—500 Blks.

E06751 HEALTH DEPARTMENT—CITY OF BALTIMORE E06751

CERTIFICATE OF DEATH. 128

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 542 Baker ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Simms

(a) RESIDENCE No. 542 Baker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 1—1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Janitor 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Parrish Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Martha V. Williams

(Address) 542 Baker St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/1, 1926, to 2/5, 1926, that I last saw h~~im~~ alive on 2/5, 1926, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Ac. nephritis

+ Uremia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Benj Blatt, M. D.

2/5, 1926 (Address) 434 O St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL 2-9 1926

20 UNDERTAKER Jno George H. Holland ADDRESS 1631 Druid Hill Ave

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E06752 X 2/3 E06752

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 W. Hill ST. 22 WARD)

2-FULL NAME Carrie Midder

(a) RESIDENCE NO. 118 W. Hill ST., 22 WARD Raleigh N. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charlie Midder

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer) House wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Raleigh N. C.

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Raleigh N. C.

12 MAIDEN NAME OF MOTHER Sadie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Charles Midder
(Address) 118 W Hill St

15 Filed ....., 19 .....

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/1926

17 I HEREBY CERTIFY, That I attended deceased from 1/24/, 1926, to 2/4/, 1926,

that I last saw h.. alive on 2/3/, 1926

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

followed by Cardiac and Respiratory Failure. not Specific

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute Cystitis and Pyelitis (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physicals history

(Signed) C. H. Jones, M. D.

, 19 (Address) 709 Hearst St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — DATE OF BURIAL Feb 6 1926

20 UNDERTAKER R L Parham — ADDRESS 906 Leadenhall St

...ec.—1-12-23—M&T—500 Blks.

E06753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06753

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ida Roberts

(a) RESIDENCE NO. 1105 E 20th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Dec 21 - 1853

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
72	—	1	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant (Address) (daughter) Mrs Irene Chaffman 1105 E. 20th St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 4 — 1926

17

I HEREBY CERTIFY, That I attended deceased from 1 - 13, 1926, to 2 - 4 —, 1926,

that I last saw her alive on 2 - 4, 1926,

and that death occurred, on the date stated above, at 2 30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure and Asthenia (duration) yrs. 1 mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical Findings

(Signed) Gerald Stonrel, M. D.

, 19 (Address) Wagner Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fork M.E. Cemetery

DATE OF BURIAL Feb 7 1926

20 UNDERTAKER E LeRoy Stuffle

ADDRESS 1252 North ave

PPH

Spec.—1-10-21—M&T—1500 Blks.

06754

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06754

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N Bond ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Spriggs

(a) RESIDENCE NO. 604 N Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1st, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER Ulysses Thompson

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Sarah Spriggs

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant Sarah Spriggs Mother (Address) 604 N Bond St

15 Filed ..... 19 ..... Registrar

RKB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926 to Feb 4, 1926,

that I last saw him alive on Feb 3, 1926,

and that death occurred, on the date stated above, at 6 25 A.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia (primary)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Hartung M. D.

, 19 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL 2/6 1926

20 UNDERTAKER Jas. M. Skinner

ADDRESS 1426 E. Pratt 25

Spec.—1-10-21—M&T—1500 Bks.

206755 HEALTH DEPARTMENT—CITY OF BALTIMORE E06755

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH Homewood Hospital

CITY OF BALTIMORE: (No. 2724 N. Charles ST. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth J Bancroft

(a) RESIDENCE No. 237 W. Lafayette av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 75 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dana Massachusetts

PARENTS

10 NAME OF FATHER: George L. Bancroft

11 BIRTHPLACE OF FATHER (city or town) (State or country): Massachusetts

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Harry Porter

(Address) 237 W. Lafayette av

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1925 to Feb 5 1926

that I last saw h alive on Feb 5 1926

and that death occurred, on the date stated above, at 2.50 m.

The CAUSE OF DEATH* was as follows:

Uremia (Chronic)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 237 W. Lafayette

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

2/5, 1926 (Address) 2724 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Febry 8 1926

20 UNDERTAKER: John B. Spencer

ADDRESS: 1325 N. Eutaw

Spec.—1-10-21—M&T—1500 Blks.

E06756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06756

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Baker ST., 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augustus B. Callis

(a) RESIDENCE No. 616 Baker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Callis

6 DATE OF BIRTH (month, day, and year) Mar. 15-1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister of the Gospel

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

018

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Jessee Callis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ella Callis

(Address)

15 Filed , 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 — 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 19 — 1926 to Feb 3 — 1926

that I last saw him alive on Feb 2 — 1926

and that death occurred, on the date stated above, at 4:55 P m.

The CAUSE OF DEATH* was as follows: Bronchial pneumonia

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Coleman M. D.

Feb 4, 1926 (Address) 1039 McCulloh St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Feb 6 1926

20 UNDERTAKER Jno. M. Johnson

ADDRESS 1234 Edmondson Av.

Ernest Pahlbach

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06757 — 31 E06757

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. (T.B.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Pahlbach

(a) RESIDENCE NO. 2241 Eastern Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Anttres Pahlbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Anna Harth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Hospital Records (Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1926, to Feb. 3, 1926, that I last saw him alive on Feb. 3, 1926, and that death occurred, on the date stated above, at 3.15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis (probable)

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. McClure Jr., M. D.

2-3-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Department Tem

DATE OF BURIAL Feb 6 19

20 UNDERTAKER E. Funeral Home.

ADDRESS 1316 Eut

Spec.—1-10-21—M&T—1500 Bks.

E06758 HEALTH DEPARTMENT—CITY OF BALTIMORE E06758

CERTIFICATE OF DEATH. 31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 Harlem Ave St. 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Andrew Stuhlmer

(a) RESIDENCE NO. 2415 Harlem Ave. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) October 1 - 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	25	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work asst plumber

(b) General nature of industry, business, or establishment in which employed (or employer) 059

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Hubert Andrew Stuhlmer

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Theresa Hodes

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Hubert A. Stuhlmer (Address) 2415 Harlem ave.

15 Filed ..., 19... RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 5 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 12 - , 1924, to February 5 - 1926, that I last saw him alive on February 5 - , 1926, and that death occurred, on the date stated above, at 2:00 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Sputum

(Signed) Chester Riland, M. D.

1-5, 1926 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 2/8/26 19

20 UNDERTAKER J. Wakefield & Sons. ADDRESS 131 8 Light

026 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06759

E06759

CERTIFICATE OF DEATH.

146

REGISTERED NO.

1-PLACE OF DEATH Church Home & Inf. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Broadway & Fairmount

2-FULL NAME Consuello Vanderbilt Rittenman

(a) RESIDENCE NO. 520 E. Fort Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John F Rittenman

6 DATE OF BIRTH (month, day, and year) 7/6/1900

7 AGE Years 25 Months 6 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland Md

PARENTS

10 NAME OF FATHER John C. Reilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cumberland Md

12 MAIDEN NAME OF MOTHER Amelia Ambrose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cumberland

14 Informant John F. Rittenman

(Address) 520 E Fort Ave

15 Filed , 19 Registrar

RR 10

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5. 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1926, to Feb 5, 1926, that I last saw her alive on Feb 5, 1926, and that death occurred, on the date stated above, at 8.15 A.m.

The CAUSE OF DEATH* was as follows:

Septicaemea

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Puerperal Sepsis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Delivery Date of June 27.

Was there an autopsy? no

What test confirmed diagnosis? Blood culture

(Signed) F. W. Bunglt, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Medical Can.

DATE OF BURIAL 2/9 1926

20 UNDERTAKER Jos. D. Talmage Sons

ADDRESS 131 S Light St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06760

CERTIFICATE OF DEATH.

101-001

E06760

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1033 Brantly ave

CITY OF BALTIMORE: (No. ..... ST. 16-7 WARD)

2-FULL NAME Ida K. Owens

(a) RESIDENCE No. 033 Brantly ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 3 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Jno. Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Frances Logan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Jas. F. Kelly (Brother)
(Address) 1033 Brantly

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1 1926 to Feb. 5 1926.

that I last saw her alive on Feb 5 1926.

and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Lobar) in both lungs

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Bernard Connell Mann, M. D.

2/5, 1926 (Address) 1338 Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb 8 1926
20 UNDERTAKER	ADDRESS 317
H. C. Brannigan & Son	M. Schroeder

Feb 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06761

CERTIFICATE OF DEATH.

12 E06761

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1612 Hollins ST., 19-1 WARD)

2-FULL NAME Ellen M. Green

(a) RESIDENCE No. 1612 Hollins ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	55	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Conn.

PARENTS

10 NAME OF FATHER Thomas Lawlor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Holahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Agnes Green (Address) 1612 Hollins St

15 Filed ....., 19..... RPS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4. 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30 1926., to Feb. 4. 1926.; that I last saw h[er] alive on Feb. 4 1926., and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis

(duration) — yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation, with broken Compensation

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood Urine Analysis etc

2/5/26 (Signed) Thos. Norton, M.D. (Address) 888 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Feb 8 1926

20 UNDERTAKER Geo. J. Smith

ADDRESS 532 Hollins

Spec—12-23-21—E.B.R.S.—400 Bks.

E06762 HEALTH DEPARTMENT—CITY OF BALTIMORE 89 E06762

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 443 N. Gay St. 5-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Sophie Manko

(a) Residence No. 443 N. Gay St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry B. Manko

6-DATE OF BIRTH (month, day and year) Jan 24/1860

7-AGE. 66 yrs. — mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Bernhardt Kahn

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Amelia Lowenthal

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Mrs. H. Condemnarin (Address) 443 N. Gay St.

15- Filed ..... 192 ..... Registrar. RRS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-5-26

17- I HEREBY CERTIFY, That I attended deceased from July 23, 1925 to Feby 5, 1926, that I last saw h.. alive on Feby 3, 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris (Coronary Artery Thrombosis)

(Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Durntion) .....yrs. .....mos. .....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis L. Hamburger, M. D.

Feby 6, 1926 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Balto. Hebrew Cemetery

DATE OF BURIAL. Feb 7, 1926

20-UNDERTAKER. J. Aronson & Co.

ADDRESS 3314 Pinkney Rd.

c.—1-12-23—M&T—500 Bks.

E06763

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06763

CERTIFICATE OF DEATH.

REGISTERED NO. 100-901

1-PLACE OF DEATH Baltimore City Hospitals

ITY OF BALTIMORE: (No. Baltimore, Md. ST., 26-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hop Joe

(a) RESIDENCE NO. Unknown Eastern Ave. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
66				

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laundryman

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) China

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals
(Address) Baltimore, Md.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1926 to Feb. 5 1926, that I last saw him alive on February 4, 1926, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis with Cerebral Arteriosclerosis.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Harry Fredcutt M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Feb 6 1926

20 UNDERTAKER John O. Mitchell — ADDRESS 201 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

06764

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-0 E06764

CERTIFICATE OF DEATH.

1-1

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 S Duncan ST., ... WARD)

2-FULL NAME John Norris

(a) RESIDENCE No. 234 S Duncan ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~Single, Married, Widowed, or Divorced~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year): May 6/898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27 yrs	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer Unloading 040

(b) General nature of Industry, business, or establishment in which employed (or employer): ~~Stockyards~~ Tinplate Coat

(c) Name of employer: Balto-Tri Plate Mill

9 BIRTHPLACE (city or town) (State or country): Richmond Co Va

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Lonie Tolson
(Address): 234 S. Duncan St

15 Filed ..... 19 ..... R.C.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5/ 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 3 1926 to Feb 5 1926.

that I last saw him alive on Feb. 4 1926.

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) not known

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) R L Engleman, M. D.

19 (Address) 514 Balto St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery

DATE OF BURIAL: Feb 9 1926

20 UNDERTAKER: Edward Bryan

ADDRESS 1634 orleans st

Pac.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

06765

CERTIFICATE OF DEATH.

10 E06765

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St. D-2 WARD)

2-FULL NAME Bernard Pace

(a) RESIDENCE NO. 1737 Fleet St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 2 mos. 13 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 23, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank Pace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Emma Lewandowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Frank Pace

(Address) 1737 Fleet St

15 Filed ..... 19 .... RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1926, to Feb 5, 1926, that I last saw him alive on Feb 5, 1926, and that death occurred, on the date stated above, at 10.05 p m.

The CAUSE OF DEATH* was as follows:

Pharyngeal Diphtheria

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pos. Dipl Culture

(Signed) Myron G. Tull M. D.

2/6 1926 Address Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. DATE OF BURIAL Feb 8 1926

20 UNDERTAKER F. W. Ozarowski ADDRESS 1730 Eastern Ave

C. HAMPSON JONES, M. D.

R T - 1020

Spec.—1-10-21—M&T—1500 Bks.

Kinsley

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06766

100-00 E06766

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 S Luzerne St. 1-2 WARD)

2-FULL NAME Dorothy Viola Kinsley

(a) RESIDENCE NO. 619 S Luzerne ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): baby.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1924

7 AGE — Years: 1 — Months: 6 — Days: — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Geo Kinsley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Viola Dudley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant (Address) Geo Kinsley 619 S Luzerne

15 Filed ....., 19 ..... RK . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/3/ 1926, to 2/6 1926,

that I last saw h alive on 2/6 1926,

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) ... yrs. ... mos 3 ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? ...

(Signed) ... M. D.

2/6, 1926 (Address) 2437 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Feb 8 1926

20 UNDERTAKER: Chenowith Son — ADDRESS: 617 Chestnut

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06767

101-001

E06767

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 822 Wellington Ave (Ward) 32-4

2-FULL NAME Clara F Garback

(a) RESIDENCE NO. 822 Wellington Ave (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George M Garback

6 DATE OF BIRTH (month, day, and year) March 20 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lawrence F Garback

(Address) 822 Wellington Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Feb 6, 1926;

that I last saw h[illegible] alive on Feb 5, 1926;

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

1 Colon Pneumonia

(duration) ... yrs. mos 6 ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) R B Norment, M. D.

2-6, 1926 (Address) 8643 Chesterfield Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Feb 8 1926

20 UNDERTAKER: Chenowith Son — ADDRESS: 3601 Chesterfield Ave

FEB 8 1926

RK

Spec. 310-N - M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E06768

REGISTERED NO.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 17-E WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Watkins

(a) RESIDENCE NO. 603 N. Bethel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 7 1924

7 AGE: Years 1 | Months 15 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Samuel Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind.

12 MAIDEN NAME OF MOTHER Rita Comgos

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23rd, 1926, to Feb 5th, 1926, that I last saw h[illegible] alive on Feb 5th, 1926, and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Primary (lobar) Pneumonia

Rickets

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Acute Otitis media

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? 603 N. Bethel St.

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) A. E. Jacobson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: Feb 8—1926

20 UNDERTAKER: Mrs Chas L. Bailey

ADDRESS 1421 Jefferson St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06769 E06769

E06769

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2004 Walbrook Ave ST. 15-11 WARD)

2-FULL NAME Solomon Robinson

(a) RESIDENCE NO. 2004 Walbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eda Robinson

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE — Years: 57 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Maker

(c) Name of employer

088

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Bernard Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jack Lewis 1439 E Baltimore St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Febr 1, 1926, to Febr 5, 1926, that I last saw h[illegible] alive on Febr 4, 1926, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

2 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Nathan Friedenwald, M. D.

Feb 5 1926 (Address) 1107 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bals Hebrew

DATE OF BURIAL: Feb 7 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Baltimore

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06770

100-001

E06770

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST. 76-6 WARD)

2-FULL NAME Louis Stul

(a) RESIDENCE NO. 2122 Eagle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chesna Stul

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 2122 Eagle St.

15 Filed ....., 19 ..... Registrar

FEB 1 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/3, 1926, to 2/5, 1926, that I last saw h.s.m. alive on 2/5, 1926, and that death occurred, on the date stated above, at 12:40 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. Wolbarst Lynch M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Rd

DATE OF BURIAL 2/7 1926

20 UNDERTAKER Jack Lewis

ADDRESS 1429 Eutaw

J. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06771 90 E06771

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 2200 E Baltimore St
CITY OF BALTIMORE: (No.) Hebrew Home for Chronic (ST.) (WARD)

2-FULL NAME Mary Kassan

(a) RESIDENCE No. 1803 E Balto St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruben J. Kassan deceased

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	100	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): old age
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: [illegible]
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: [illegible]
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis
(Address) 1439 E Balto St

15 Filed ....., 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1923, to June 5, 1926.
that I last saw h[illegible] alive on June 5, 1926.
and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH* was as follows:
myocardial insufficiency
(duration) 2 yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) arteriosclerosis
(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical symptoms
(Signed) [illegible] M. D.
, 19 (Address) 1810 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rondale — DATE OF BURIAL: 6/7 19 26
20 UNDERTAKER: Jack Lewis 1439 E Balto — ADDRESS

[illegible] HAMPSON JONES, M. D.

Spec.—1-10-21 M&T 1500 Bks.

Boshoff -

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06772

CERTIFICATE OF DEATH.

50

E06772

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST. 15-9 WARD)

2-FULL NAME Solomon Boshkoff

(a) RESIDENCE NO. 1617 Ruxton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Boshoff

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor 88

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Boshoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rustein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 Eastern

15 Filed ..... 19 ..... Registrar

C. HAMILTON JONES, M. D.

7-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/24, 1926, to 2/6, 1926, that I last saw h[illegible] alive on 2/6, 1926, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Calcified polypoid retroperitoneal dermoid

(duration) 20. yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2/4/26

Was there an autopsy? No.

What test confirmed diagnosis? Operation - Clinical Symptoms

(Signed) Philip Jacobson M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Bedal

DATE OF BURIAL 2/7 19

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E06773

CERTIFICATE OF DEATH.

E06773

REGISTERED NO.

1-PLACE OF DEATH Volunteer of America Hospital

CITY OF BALTIMORE: (No. 47 WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norman Sherwood

(a) RESIDENCE NO. 1803 Barclay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 21 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steamfitter

(b) General nature of industry, business, or establishment in which employed (or employer) 060

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Marion Sherwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn

12 MAIDEN NAME OF MOTHER Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Louis W Sherwood
(Address) 2037 N Calvert St

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M.D.

7 1926 FK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926 to Feb 6, 1926.

that I last saw him alive on Feb 5, 1926

and that death occurred, on the date stated above, at 6 20 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1803 Barclay

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Karl J. Steinmetz M. D.

19 (Address) 327 N. Arlington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Pa.

DATE OF BURIAL Feb 10 1926

20 UNDERTAKER W M Wootton

ADDRESS 223 N Mth

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06774

CERTIFICATE OF DEATH.

90 E06774

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1631 N. Wolfe St St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Schwartz

(a) RESIDENCE NO. 1631 N. Wolfe St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. 14 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Jan 21/1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	0	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Garment Weaver

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer: 11111111

9 BIRTHPLACE (city or town): Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER: Henry Schwartz

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: William Schwartz (Bro)

(Address): 1631 N. Wolfe St

15 Filed..... 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Cain, M. D.

(Coroner)

2/6/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft Matthews Cemetery Date of Burial Feb 8 1926

20 UNDERTAKER: Henry Lutz ADDRESS 1203 E Broadway

Spec.—1-10-21—M&T—1500 Blks.

Bacon

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E06775

E06775

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 W Hoffman St. 17-1 Ward)

2-FULL NAME Carrie Bacon

(a) RESIDENCE NO. 418 W Hoffman St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 8, 1866

7 AGE: Years 59 Months 2 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Private Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Emily Bagley

(Address) 1211 Baltimore St.

15 Filed ....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1926, to Feb. 7th, 1926.

that I last saw h[illegible] alive on Feb. 7th, 1926,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza Debility

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Chew, M. D.

(Address) 92 Hanover

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 2-8 1926

20 UNDERTAKER: Mrs Georgett H. Holland — ADDRESS: 1631 Division Ave

CHAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06776

CERTIFICATE OF DEATH.

11-001

E06776

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Copley Road ST. 15-2 WARD)

2-FULL NAME Jacob W. Schroeder

(a) RESIDENCE NO. 3408 Copley Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. - mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Schroeder

6 DATE OF BIRTH (month, day, and year) Jan 19th, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	-	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt.

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe

(c) Name of employer Monahan Shoe Mnf'g Co. Balto.

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Schroeder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Moll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary E. Schroeder
(Address) 3408 Copley Road

15 Filed ....., 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5th. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31 1926. to Feb 5 1926.
that I last saw him alive on Feb 5 1926,
and that death occurred, on the date stated above, at 1.30 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar Influenza

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) + (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? +

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Bloody Sputum

(Signed) J. Kenneth Williams, M. D.

, 19 (Address) 601 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Feb 8th, 1926

20 UNDERTAKER Putnam & Hoke

ADDRESS 1723 N. Eutaw St

HAMPSON JONES, M.D.

Dec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

106777

CERTIFICATE OF DEATH.

90 106777

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Norwood Ave ST. 9-3 WARD)

2-FULL NAME Alice V. Livingston

(a) RESIDENCE. NO. 2806 Kennedy Ave ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Livingston

6 DATE OF BIRTH (month, day, and year): Feb. 26/1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: William Peregoy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore city

12 MAIDEN NAME OF MOTHER: Emmert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Emmert

14 Informant: Howard Livingston

(Address) 2806 Kennedy Ave.

15 Filed . . . . . , 19 . RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31 1926 to Feb. 4 1926

that I last saw h[er] alive on Feb. 4 1926

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Broncho)

6

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar P. Sandrock, M. D.

, 19 (Address) 15 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Feb. 8 1926

20 UNDERTAKER: George L. Schmidt. — ADDRESS: 4101 Eastern Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06778

CERTIFICATE OF DEATH.

Registered No. C..... E06778

1-PLACE OF DEATH

City of BALTIMORE: (No. 2217 W. Pratt St ... St. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elane L. Robinson

(Residence in Baltimore: No. 2217 W. Pratt St ... St.; yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, Oct 1st 1920 (Month) (Day) (Year)

7-AGE. ... yrs. 4 mos. 5 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) ... do

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Ramsey Robinson

11-BIRTHPLACE OF FATHER, (State or Country). Tennessee

12-MAIDEN NAME OF MOTHER. Mabel Wells

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ramsey Robinson

(Address) 2217 W. Pratt St

15-

Filed ... 192 ... Registrar. RK

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Thos. B. Elliott M. D.
(Coroner.)

Feb 6 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Natural Causes

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL. Beast Church

DATE OF BURIAL. Feb. 9 1926

UNDERTAKER. George E. Schmidt.

ADDRESS 2101 Fulton Ave.

C. HAMPSON JONES, M. D.
FEB 7 - 1926

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06779

CERTIFICATE OF DEATH. 161-001 E06779

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 76-1 WARD)

2-FULL NAME Mildred Heimyller

(a) RESIDENCE NO. 929 N. 2nd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Dec 21 1925

7 AGE — Years: | Months: 1 | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: Charles Heimyller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Grace ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records

(Address): JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 5th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 18th, 1926, to Feb. 5th, 1926, that I last saw her alive on Feb. 5th, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary): Otitis Media

(duration) yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Thos. W. Comrade, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Pauls Cemetery — DATE OF BURIAL: Feb 8th 1926

20 UNDERTAKER: Johannah Sanders — ADDRESS: 1074 Pennsylvania ave

Spec.—20-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06780

E06780

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL ST. 22-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.

2-FULL NAME William Rumble

(a) RESIDENCE NO. 709 Winston Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE Years 75 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ind.

PARENTS

10 NAME OF FATHER Alfred Rumble

11 BIRTHPLACE OF FATHER (city or town) Ind. (State or country)

12 MAIDEN NAME OF MOTHER Harriet Hildreth

13 BIRTHPLACE OF MOTHER (city or town) Ind. (State or country)

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11th, 1923, to Feb. 5th, 1926.

that I last saw he alive on Feb. 5th, 1926,

and that death occurred, on the date stated above, at 7.05 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Post Operation Bronchio Pneumia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb. 4 1926

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Robt. T. Allison Jr. M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cairo Harford Co

DATE OF BURIAL Feb 9th 1926

20 UNDERTAKER Jos. Mahon Sons 1004 Aisquith St

ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06781 (1-01-041)

E06781 Registered No. E06781

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Harris

(a) Residence No. 913 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1884

7-AGE	If LESS than 1 day
42 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: John Harris

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Sarah Harris

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14- (Informant): Baltimore City Hospitals Records
(Address):

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 5, 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb. 4 1926 to Feb. 5 1926 that I last saw him alive on Feb. 5 1926 and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) Hollindsay Bilder M. D.

2/5. 1926 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	Feb 8 1926
20-UNDERTAKER. William Cook	ADDRESS 502 E North Ave.

Dr Riley

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06782

E06782

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mercy Hospital ST., 7-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine M Drane

(a) RESIDENCE NO. 1014 N Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 30, 1923

7 AGE: Years 2; Months 9; Days 4; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Elmer A Drane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine Arner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Elmer Drane (Address) 1014 N Washington St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 19.., to Feb 4, 1926, that I last saw her alive on Feb 4, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Double

(duration) yrs. mos. 2 days

CONTRIBUTORY (Secondary) Probably Measles

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at 1014 N Washington

Did an operation precede death? No Date of

Was an autopsy?

What test confirmed diagnosis?

(Signed) Thomas J Williams, M. D.

19 (Address) 1075 N Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/8 1926

20 UNDERTAKER William Cook

ADDRESS 502 E North

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6783 31 E06783

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva McCabe

(a) RESIDENCE NO. 1828 (1828) E Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Wm McCabe

7 DATE OF BIRTH (month, day, and year) 6-7-1885

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
40	41	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frostburg Md.

PARENTS

10 NAME OF FATHER John Zimmerly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frostburg Md.

12 MAIDEN NAME OF MOTHER Annie Downey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hosp. Records (Address)

15 Filed ..... 19 ..... Registrar

HAMPSON JONES, M. D. 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1926, to Feb 6, 1926, that I last saw her alive on Feb 6, 1926, and that death occurred, on the date stated above, at 4 40 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) John W. Jane M. D.

Feb 7 1926 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frostburg Md

DATE OF BURIAL 2/7 1926

20 UNDERTAKER Wm Cook

ADDRESS SOLE Nath

Spec– 12-23-21—E.B.R.S.—400 Blks.

5784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E06784

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2311 Eastern Ave 1-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Washington Williams

(a) Residence No. 2311 Eastern Ave Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) Widowed

5a-If ~~married~~, widowed, or ~~divorced~~, HUSBAND of ~~(or)~~ ~~WIFE of~~ Mary Ellen Williams

6-DATE OF BIRTH (month, day and year) ? ? 1859

7-AGE. 66 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work. Watchman

(b) General nature of Industry, business, or establishment in which employed (or employer). Salvage Corps 7 Balto Std

(c) Name of employer Fire Insurance Underwriters

9-BIRTHPLACE (city or town). Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town). Unknown (State or Country).

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town). Unknown (State or Country).

14- (Informant) Miss Williams

(Address) 2311 Eastern Ave

15- Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 5-1926

17- I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h. alive on ..... 19.....

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.

. 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oakhaven Cemetery

DATE OF BURIAL. Feb 7th 1926

20-UNDERTAKER. Wm Frey & Sons Inc

ADDRESS 424 W Lexington

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06785

CERTIFICATE OF DEATH.

90 E06785

16-5

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2319 Harlem Avenue ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME LOUIS C. SMITH

(a) RESIDENCE NO. 2319 Harlem Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma T. Smith

6 DATE OF BIRTH (month, day, and year) Aug. 25 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Builder

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Christian Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Hossbach

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Charles Spoerer
(Address) Catonsville, Md.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5th. 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1925, to Feb 5, 1926.

that I last saw him alive on Feb 5, 1926.

and that death occurred, on the date stated above, at 8.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Marshall B Wirt M. D.

Feb 5 1926 (Address) Catonsville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Feb. 8 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W Balto St

FEB 8 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06786

CERTIFICATE OF DEATH.

90 E06786

REGISTERED NO.....

1-PLACE OF DEATH Baltimore and Payson Sts.

CITY OF BALTIMORE: (No. Bon Secours Hospital ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Preston Shawker

(a) RESIDENCE NO. 121 South Gilmor ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Z. Shawker

6 DATE OF BIRTH (month, day, and year) April, 26" 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	9	11 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Woodworker 014

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Tinley Bros Co.

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER George S. Shawker

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Follmar

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. Pauline Z. Shawker
(Address) 121 S. Gilmor Street

15 Filed FEB 7 - 1926 19..... HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6" 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926, to Feb. 6, 1926

that I last saw him alive on Feb. 6, 1926

and that death occurred, on the date stated above, at 9.20 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis —
Chronic valvular heart disease (duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) Geo. D. Liberty M. D.

2/7, 1926 Address Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Feb. 9" 1926

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06787

CERTIFICATE OF DEATH.

74-001 E06787

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 N. Gilmore ST. 19-2 WARD)

2-FULL NAME Marie Louise Scheeler

(a) RESIDENCE NO. 217 N. Gilmore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Henry Scheeler

6 DATE OF BIRTH (month, day, and year) August 4 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Bodett

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Charlott Green

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Charles E. Rosbach
(Address) 3507 N Charles St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from January 20th, 1926, to Feby 6th, 1926, that I last saw her alive on Feby 6th, 1926, and that death occurred, on the date stated above, at 4 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Hellmuth F. Hellman, M. D.

2/7, 1926 (Address) 6 E Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 9 1926
20 UNDERTAKER	ADDRESS
Jas B. Cook	1003 Balto

...c. — 6-9-19 — H. P. Co. — 1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06788

CERTIFICATE OF DEATH.

75-001 E06788

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 St. Mary's ST. 17-2 WARD)

2-FULL NAME Wm H. Gross

(a) RESIDENCE. No. 502 St. Marys ST., ... WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Cal.

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa Gross

6 DATE OF BIRTH (month, day, and year): 12/25/1860

7 AGE: Years 65 | Months 1 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver

(b) General nature of industry, business, or establishment in which employed (or employer): Express

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Isaac Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hortua A. Orchmey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Louis Gross, 502 St Marys

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/4/1924

17 I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1924 to Feb. 4, 1924 that I last saw him alive on Feb. 3, 1924 and that death occurred, on the date stated above, at 2:55 P m.

The CAUSE OF DEATH* was as follows:

Cardiac depression 2 (duration) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hemiplegia + Coma 1 yrs. 7 mos. + ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical.

(Signed) John H. Thompson M.D.

(Address) 1019 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 2/6/24

20 UNDERTAKER: Edward Hensley — ADDRESS: 573 ...

7-1928 HAMPSON JONES

Spec.—1-10-21—M&T—1500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06789

CERTIFICATE OF DEATH.

2 E06789

1-PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 3104 ST., 27-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver C. Simmont, (Oliver C. Simmont)

(a) RESIDENCE NO. 66 Uffington Road, ST. Mt. Washington WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Bankard

6 DATE OF BIRTH (month, day, and year) October ?, 186[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	4	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edward Simmont

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER -------Hollingshead

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant (Address) Mrs. Elizabeth Stansbury Mt. Washington, Md.

15 Filed ....., 19 ..... Registrar

CHAMPSON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1926 to Feb. 7 1926, that I last saw him alive on Feb. 7 1926, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Typhus Fever

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. about 12 mos. ds.

18 Where was disease contracted if not at place of death? home ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edwin P. Conrad, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery Feb.	7, 1926,
20 UNDERTAKER Harry W. Means & Son	ADDRESS 1452 N. Calvert St

Zukarfein

E06790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06790

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH
City of BALTIMORE. (No. 1632 N. Fayette St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Zukarfein

(Residence in Baltimore: No. 1632 N. Fayette St.; 20 yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. Unknown
(Month) (Day) (Year)

7-AGE. About 43 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). 37

9-BIRTHPLACE, (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Hersch Greenblatt

11-BIRTHPLACE OF FATHER, (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Boris Zukarfein

(Address) 1632 N. Fayette St

15-

Filed ..... 192.... Registrar.

C. HAMPSON JONES, M. D.

FEB 7 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 6th 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

20 Minutes
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. P. Horton M. D.
(Coroner)

Feb 7 1926 (Address) Curtis Bay

*State the Disease causing Death, or, in deaths from Violent causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal. Back Pain

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Baltimore Hebrew	1-8-26 19...

20-UNDERTAKER. Jack Levin

ADDRESS 1439 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06791

CERTIFICATE OF DEATH.

90

E06791

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 S. Paca St. 71-3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chester Grieczen

(Residence in Baltimore: No. 908 S. Paca Street St.; 24 yrs., ... mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 11th, 1902 (Month) (Day) (Year)

7-AGE, 24 yrs. ..... mos. 23 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Anthony Grieczen

11-BIRTHPLACE OF FATHER (State or Country), Lithuania

12-MAIDEN NAME OF MOTHER Anna Borasrchite

13-BIRTHPLACE OF MOTHER (State or Country), Lithuania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Griecz...

(Address) 908 S. Paca St

15-

Filed ..... 191.....

FEB 7 - 1926 HAMPSON JONES, M. D.

Per .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 1925, to Feb 4 1926, that I saw h[im] alive on Feb. 4 1926, and that death occurred, on the date stated above, at 8.20 p. m.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis (Streptococcus viridans) engrafted on valvular disease of heart of many years duration (Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac decompensation (myocardial) (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Frank T. Smith M. D.

Feb 5, 1926 (Address) 927 N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? New York City N.Y.

Former or usual residence Baltimore

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cemetery

DATE OF BURIAL. Feb 8, 1926

20-UNDERTAKER Chas. B. Kuckauskas

ADDRESS 637 S. Paca St

Spec.—1-10-21—M&T—1500 Bks.

E06792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

74 E06792

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 S. Wolfe ST., 2-3 WARD)

2-FULL NAME Margaret Eleanora Vey.

(a) RESIDENCE NO. 609 S. Wolfe ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 3 mos. 30 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Vey.

6 DATE OF BIRTH (month, day, and year) Nov. 6th 1885

7 AGE — Years: 40 — Months: 3 — Days: 30 — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Frederick S. Heim

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Margaret M. Ries

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant (Address): Margaret M. Heim (Mother)

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 19 26 to Feb 5 19 26

that I last saw her alive on Feb 5 19 26

and that death occurred, on the date stated above, at 5 55 a. m.

The CAUSE OF DEATH* was as follows:

Left. Hemiplegia apoplexy

(duration) yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? — Date of —

Was there an autopsy? Nov 6

What test confirmed diagnosis? By Gladden

(Signed) G. C. Gladden, M. D.

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Feb 8th 1926

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 403 S. Wolfe St

EMMA SON JONES, M. D.

Form 10-21 MAY 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06793 ✓ +45 E06793

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No.) ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thiclad P Dyer

(a) RESIDENCE No. 200 N Maple Johnson City Tenn. WARD.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: 65 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Dyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Conley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

HAMPSON JONES, M. D.

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15th, 1926, to Feb 6th, 1926, that I last saw h~~e~~alive on Feb. 6th, 1926, and that death occurred, on the date stated above, at 11:45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Sigmoid

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Peritonitis - (Colon)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Jenn

Did an operation precede death? Yes Date of Feb 4 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Cultures

(Signed) Warfield M Theo M. D.

, 19 (Address) J H Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson City Cem — DATE OF BURIAL: 2/7/26

20 UNDERTAKER: Joseph Nevers — ADDRESS: 221 Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

Lassery.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6793 E06794 100-001 E06794

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 N. Bruce ST. 15-19 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Lassery

(Residence in Baltimore: No. Baltimore city 1322 N Bruce St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1863 (Year)

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) 004

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Lassery Sr.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ina H Lassery

(Address) 1322 N. Bruce St

15- Filed ....., 191.... R. K. ..... Registrar.

C. HAMPSON JONES, M. D. Coroner

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Dec 5, 1926 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 31 1926, to Dec 5 1926 that I saw h[illegible] alive on Dec 5 1926 and that death occurred, on the date stated above, at 6. P.M. The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Thos. E. Daugherty M. D.

Dec 6, 1926 (Address) 1602 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet DATE OF BURIAL, Dec 8th 1926

20-UNDERTAKER Harman & Uhrbrock ADDRESS 1264 Pa Ave

rec,.. 6-9-19—H. P. Co.— 1000 Bks.

E06795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E06795

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 861 W. Ostend ST. 21-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Dipon

(a) RESIDENCE. NO. 861 W. Ostend ST., ... WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie O. Dipon

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer) Haulingetc

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER John Dipon

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Hester Sikes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Edward Dipon

(Address) 861 W. Ostend St.

15 Filed ..... 19 ..... Registrar

KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/3/26, 19 . to 7/4/26, 19 .

that I last saw h alive on 7/4/26, 19 .

and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jas Bowley, M. D.

7/6, 19 26 (Address) 908 Church St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL Feb 8 1926

20 UNDERTAKER John H Toadvine

ADDRESS 1027 Hanover

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06796

CERTIFICATE OF DEATH.

47 E06796

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 W. Franklin ST., 19-1 WARD)

2-FULL NAME Sarah Helen Norman

(a) RESIDENCE NO. 1408 W Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of James E Norman

6 DATE OF BIRTH (month, day, and year) Dec 5 - 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Marcus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Minerva Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) James Norman 1408 W Franklin St

15 Filed ..... 19 ..... K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept, 19 25, to Feb 6, 19 26,

that I last saw h alive on Feb 5, 19 26,

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Coma Acute nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of breast

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov 24/25

Was there an autopsy? no

What test confirmed diagnosis? clinical

2/26 (Signed) Bernard S. French, M. D.

2/26 (Address) 907 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Feb. 9 1926

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Edmondson

8-1926 C. HAMILTON JONES, M. D.

Emma Gosnell.

6-1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6797

90 E06797

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hosp. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1122 N. Mount ST., 7-4 WARD)

2-FULL NAME Gosnell Mrs Emma

(a) RESIDENCE NO. 345 Maryland ST., West WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR OR RACE White

Single, Married, Widowed, or Divorced. (write the word) widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Talbott T. Gosnell

DATE OF BIRTH (month, day, and year) Aug 18-1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore City

(State or country) Maryland

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) Dont Know

(State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Dont Know

(State or country)

14 Informant John L. Gosnell

(Address) 345 Maryland ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/22, 1926, to Feb 5, 1926

that I last saw her alive on Feb. 5, 1926

and that death occurred, on the date stated above, at 9:46 A.M.

The CAUSE OF DEATH* was as follows:

Senility. Broncho - Pneumonia. Arterio-sclerosis. chr. myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ac. cardiac failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pneumonia - at home

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? ?

(Signed) J. P. Sprague, M. D.

, 19 (Address) 1122 N. Mount.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 2/8/26

20 UNDERTAKER Jos. Weber & Son — ADDRESS 2503 Edmondson

Spec. 1-10-21 MAT 1500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

6798

CERTIFICATE OF DEATH.

90 E06798

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 N Calvert ST. 17-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Emerick Bonney

(a) RESIDENCE NO. 1709 N Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: C O Bonney

6 DATE OF BIRTH (month, day, and year): June 27 1847

7 AGE — Years: 78 Months: 7 Days: 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Fluvanna Co. Va.

PARENTS

10 NAME OF FATHER: J. M. E. Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country): Charleston S. C.

12 MAIDEN NAME OF MOTHER: Emerick Mallory

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ky Unk

14 Informant: Mrs Bonney

(Address) 1709 N Calvert

15 Filed ..... 19 ..... Registrar

A K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 6th 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feby 5th 1926. to Feby 6th 1926.

that I last saw h[illegible] alive on Feby 6th 1926.

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Hypostatic

(duration) Several yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? None

(Signed) Chas Marsack, M. D.

Feb 26, 19 (Address) Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb. 8 1926

20 UNDERTAKER: H. L. Pickerel & Son

ADDRESS: North & Pa

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

206799 — 179E06799

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. ..... WARD)

2-FULL NAME Catherine Caroline Kassakates

(a) RESIDENCE NO. 125 Church Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 11 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 4/7/1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Leonard Kassakatis

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Caroline Salzmann

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Caroline Kassakatis
(Address) 125 Church ave

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5-1926

17 I HEREBY CERTIFY, That I attended deceased from 2-4, 1926, to 2-5, 1926, that I last saw her alive on 2-5, 1926, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Toxemia
following extension
2nd. degree burns (Con)
(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Francis J. Ellis, M. D.

19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 2/8 1926

20 UNDERTAKER John Elliott

ADDRESS 208 Orleans

B8-1926 HAMPSON JONES, M.

...—1-12-23—M&T—500 lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06800

CERTIFICATE OF DEATH.

129 E06800

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1807 E. Madison ST., 7-1 WARD)

2-FULL NAME Solomon Burden

(a) RESIDENCE No. 1807 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Widowed

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) March 1862

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	63	11	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farm

(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Va

PARENTS

10 NAME OF FATHER Joseph Burden

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Josephine Lewis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Josephine Burden
(Address) 1807 E. Madison

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6- 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-1-, 1925, to 2-6-, 1926,

that I last saw h— alive on 2-5-, 1926,

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Indefinite

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jos H Bayer, M. D.

2-7-, 1926 (Address) 611 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemty — DATE OF BURIAL 2/9/26 1926

20 UNDERTAKER Byron Wright — ADDRESS 1213 McCulloh

Spec—12-23-21—E.B.R.S.—400 Lbs.

E06801

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E06801

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. [redacted] BALTIMORE CITY HOSPITALS St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Johnson

(a) Residence No. 918 Rear St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1850

7-AGE. 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). Odd

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Taylor Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Emma Williams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va.

14- (Informant Baltimore City Hospitals Records)

(Address).....

15- Filed..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 6, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1926 to Feb. 6, 1926

that I last saw him alive on Feb. 6, 1926

and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(Duration) yrs. 3 (History) mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

Erysipelas (5 days) (Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Gillet M. D.

2/7, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn

DATE OF BURIAL. Feb 9 1926

20-UNDERTAKER. Daniel Easton

ADDRESS 916 E. 4 ave

Spec,—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06802

CERTIFICATE OF DEATH.

90 E06802

REGISTERED NO.

1-PLACE OF DEATH 2305 Penna Ave

CITY OF BALTIMORE: (No.) (ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Brown

(a) RESIDENCE NO. 2305 Penna Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE: Years 63; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shuckers 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City Md

PARENTS

10 NAME OF FATHER: Jarvis Franklin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Barrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Tina Brown

(Address) 2303 Penna ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-6- 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-23, 1926, to 2-6, 1926

that I last saw him alive on 2-6-26, 19

and that death occurred, on the date stated above, at 3 35 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Acute Cardiac Dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 425 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cem — DATE OF BURIAL: Feb-8/1926

20 UNDERTAKER: Sam Easton — ADDRESS 916 Lane.

Form 2031 MAY 1920 M&C

E06803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E06803

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. 17-2 WARD)

2-FULL NAME Dorothy Joyce

(a) RESIDENCE NO. 630 Hillsdale Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 1 1924

7 AGE: Years 1 | Months 16 4 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Joseph Joyce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Edith Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Nurses

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D. 1926

Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12 1925 to Feb. 5 1926, that I last saw her alive on Feb. 5 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Tuberculosis of intestine

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A. W. Sauber M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Feb 8 1926

20 UNDERTAKER: David Easter

ADDRESS 916 E Baltimore St

Spec—12-23-21—E.B.R.S.—400 Bks.

E06804

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06804

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 16 Annapolis Ave St., 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Illesio Chase

(a) Residence No. 16 Annapolis Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1873

7-AGE 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 0420

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER Isaac Chase

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Sotina Simms

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Isaac Chase

(Address) 16 Annapolis Ave

15- Filed 1926 HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/6/26

17- I HEREBY CERTIFY, That I attended deceased from 2-1-, 1926, to 2-6, 1926

that I last saw h[illegible] alive on Feb 6/26

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Olivet — DATE OF BURIAL, Feb 7, 1926

20-UNDERTAKER. Daniel Easter — ADDRESS 916 Penna Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06805

101-001

CERTIFICATE OF DEATH.

E06805

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 Wilkens Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie T. Duvall

(a) RESIDENCE No. 2033 Wilkens Ave WARD 7

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Duvall

6 DATE OF BIRTH (month, day, and year): Nov 27th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Baltimore County, Md

PARENTS

10 NAME OF FATHER: William T. Bauer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore County, Md

12 MAIDEN NAME OF MOTHER: Emma Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore County, Md

14 Informant: Jno E Duvall

(Address): 2033 Wilkens ave

15 Filed ..., 19... Registrar: RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1926, to Feb 5, 1926, that I last saw h-s alive on Feb 5, 1926, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary): Intestinal nephritis

(duration) yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Morley Hoag, M. D.

(Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Feb 8th 1926

UNDERTAKER: H.O. Hufford

ADDRESS: 1850 W Pratt St

BA-1524 C. HAMPSON JONES, M.D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E06806

CERTIFICATE OF DEATH.

E06806

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5085 Bethel St., 7-7 Ward)

2-FULL NAME Gilbert F. Bradley

(a) RESIDENCE NO. 5085 Bethel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 19 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	6	24 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Anthony Bradley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Augusta Walter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto City

14 Informant Augusta Bradley

(Address) 5085 Bethel St

15 Filed..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) James H Hamilton M. D.

(Coroner)

Feb 7 1926 (Address) 702 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — Date of Burial 2/8 1926

20 UNDERTAKER F W Ozazewski — ADDRESS 1930 Eastern Ave

LE

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06807

129

CERTIFICATE OF DEATH.

F06807

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Fulton Ave St.) 20-5 (WARD)

2-FULL NAME Lena Kaiser

(a) RESIDENCE No. 528 N. Fulton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 35 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles G Kaiser

6 DATE OF BIRTH (month, day, and year): June 24 1860

7 AGE — Years: 65 — Months: 7 — Days: 13 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Duties

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Eschel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Ludewick Hilfer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Theresa Pitzberger
(Address) 528 N. Fulton

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1926, to Feb 6, 1926, that I last saw him alive on Feb 5, 1926, and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ... mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Geo. H. Klopleau M. D.

(Address) 930 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Feb. 8. 1926

20 UNDERTAKER: Mrs. Mrs. John H. Penfold Son

ADDRESS: 811 W. Fayette

Berrans

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06808 — CERTIFICATE OF DEATH. — 31 E06808

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Cider Alley ST., WARD 1)

2-FULL NAME Olivia Berans

(a) RESIDENCE NO. 704 Cider alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Berans

DATE OF BIRTH (month, day, and year) Feb 24 1909

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
17		11	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER William Malone

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Anne Smith

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Earnest Palmer
(Address) 704 Cider alley

15 Filed ..., 192 RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Pneumonia

(duration) yrs. 6 mos. X ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

(Signed) J. G. Blacer, M. D.
(Coroner.)

Feb 6, 192 (Address) 140 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct

DATE OF BURIAL Feb 8 1926

20 UNDERTAKER J. W. Brown & Son

ADDRESS 1018 W. Mont'y

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06809

101-001

CERTIFICATE OF DEATH.

E06809

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Vine St. 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Edwards

(a) RESIDENCE. NO. 713 Vine Alley St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., If of foreign birth? 56 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 56 — Months — Days — If LESS than 1 day, hrs. — or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Jacob Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Oscar Smith

(Address): 929 E. Chase St.

15 Filed ——, 19—— Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1926, to Feb 5, 1926, that I last saw h— alive on Feb 5, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? N/A Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Symptoms

(Signed) W. H. Fiore, M. D.

Feb 6 1926 (Address) 712 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Feb 8 1926

20 UNDERTAKER: J. L. Brown & Son

ADDRESS: 108 W. Monument

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06810

CERTIFICATE OF DEATH.

90 E06810

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 Bolton St ST., 14-2 WARD)

2-FULL NAME Caroline Rosina Shafer

(a) RESIDENCE NO. 1834 Bolton St ST., ... WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 76 yrs. 2 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Shafer

6 DATE OF BIRTH (month, day, and year) Nov. 9th. 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Lancaster
(State or country) Penna.

PARENTS

10 NAME OF FATHER George Locher

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary ?????

13 BIRTHPLACE OF MOTHER (city or town) Lancaster
(State or country) Penna.

14 Informant Mrs Mary Jane Locher (Step-mother)
(Address) 1834 Bolton St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1924, to Feb 6, 1926, that I last saw her alive on Feb 6, 1926, and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 2 yrs. + mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Nervous physical examination

(Signed) Cleas Claypool, M. D.

2/7. 1926 (Address) 1701 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL Feb. 8 1926

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM E. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06811

CERTIFICATE OF DEATH.

45 E06811

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2244-Linden-Av. ST. 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Theodore Oster

(a) RESIDENCE NO. 2244-Linden-Av. ST., WARD (Resident)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs 4 mos. 2 ds. How long in U. S., if of foreign birth? 82 yrs. 4 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa R. Oster

6 DATE OF BIRTH (month, day, and year) Oct-3-1843

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 016

(b) General nature of industry, business, or establishment in which employed (or employer) Builder

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Oster

11 BIRTHPLACE OF FATHER (city or town) Lancaster Co
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Sarah Lusk

13 BIRTHPLACE OF MOTHER (city or town) York Co.
(State or country) Penna

14 Informant Mrs. Louisa R. Oster (wife)
(Address) 2244-Linden-Av., City.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to Jan 5, 1926.

that I last saw h alive on Jan 4, 1926,

and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Larynx

Barnes

(duration) yrs. 6, mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) John A Evans, M. D.

, 19 (Address) 101 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: GREEN MOUNT CEMETERY — DATE OF BURIAL: Feb-8-26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

FEB 8 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06812

CERTIFICATE OF DEATH.

100 E06812

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2723 Fenwick ave ST., 9-2 WARD)

2-FULL NAME Rea Ellis Zink

(a) RESIDENCE NO. 2723 Fenwick ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 26th 1925

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John H Zink

11 BIRTHPLACE OF FATHER (city or town) (State or country) Marietta Pa

12 MAIDEN NAME OF MOTHER Isabella D. Sapp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John H Zink

(Address) 2723 Fenwick

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Feb 7, 1926

that I last saw h. alive on Feb 7, 1926

and that death occurred, on the date stated above, at 7.15 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W Hammond Leche, M. D.

Feb 7, 1926 (Address) Lytle & Warren Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Feby 8th 1926

20 UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

C. HAMPSON JONES, M. D.

R-1926

RK

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06813

101-001

101 E06813

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Aisquith ST., 9-6 WARD)

2-FULL NAME Annie M. Bechtel

(a) RESIDENCE NO. 1823 Aisquith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced (or) WIFE of James Tilgin Bechtel

6 DATE OF BIRTH (month, day, and year) Nov 2nd 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary E Redmond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia Pa

14 Informant Burton R Bechtel

(Address) 1823 East Washington St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1926, to Feb 5 1926.

that I last saw h[illegible] alive on Feb. 5th 1926.

and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C B Britton M. D.

Feb 5 1926 (Address) 3316 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns P E Cemetery Y K Rd

DATE OF BURIAL July 7th 1926

20 UNDERTAKER George Schilling & Sons

ADDRESS N Liberty & Monument Sts

C. HAMPSON JONES, M.D.

1926

L.—1-12-23—M&T—500 Blks.

106814

HEALTH DEPARTMENT—CITY OF BALTIMORE

37 106814

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., (T.B.) WARD) 15-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilda Hall

(a) RESIDENCE NO. 1519 N. Calhoun st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

16 NAME OF FATHER Morris Hall

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Macey Bell

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1925, to Feb. 3, 1926,

that I last saw her alive on Feb. 3, 1926,

and that death occurred, on the date stated above, at 11.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Norman C Kane Jr M. D.

2-4-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Feb 8 1926

20 UNDERTAKER Virginia A Brooks

ADDRESS 1463 N. Carey

Form 1071 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06815

CERTIFICATE OF DEATH.

90 E06815

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Poppler Grove ST., 15-1 WARD)

2-FULL NAME Rose Ellison

(a) RESIDENCE No. 1736 Poppler Grove ST., ...WARD ...
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hosias Ellison

6b DATE OF BIRTH (month, day, and year): Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis (Address): 1439 E Balto St

15 Filed , 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to Feb 6, 1926, that I last saw h[illegible] alive on Feb 6, 1926, and that death occurred, on the date stated above, at 2 9. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benj Kaplan, M. D.

, 19 (Address) 2306 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem

DATE OF BURIAL: 2/8 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balto St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06816 E06816

CERTIFICATE OF DEATH Brooklyn

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 606 Annapolis Ave (St.) (WARD) 25?

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Vance

(a) RESIDENCE NO. 606 Annapolis Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Vance Sr

6 DATE OF BIRTH (month, day, and year) May 15 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila Pa

PARENTS

10 NAME OF FATHER William McMichael

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Ann Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Miss Anna Vance 606 Annapolis Ave

15 Filed ....., 19.... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26th, 1926, to Feb 5th, 1926, that I last saw h.. alive on Feb. 4th, 1926, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Influenza & aortic regulgitation of heart

of (duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Danny Kleibel M. D.

2/7, 1926 (Address) 1224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Feb 8 1926

20 UNDERTAKER John F Denny

ADDRESS. 715 Light St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06817

CERTIFICATE OF DEATH.

91-002 E06817

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 E. Preston ST., 8-4 WARD)

2-FULL NAME Margaretha Petersaw

(a) RESIDENCE NO. 1715 E Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Henry Petersaw.

6 DATE OF BIRTH (month, day, and year) June 24 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) ..... Germany
(State or country)

PARENTS

10 NAME OF FATHER Johann Martin

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Not Known Filed

13 BIRTHPLACE OF MOTHER (city or town) Not Known
(State or country)

14 Informant Wm Adam J. Petersaw
(Address) 1715 E Preston St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 6 1926

17 I HEREBY CERTIFY, That I attended deceased from February 4th 1926 to Feby 6th 1926, that I last saw h[illegible] alive on Feby 6th 1926, and that death occurred, on the date stated above, at 5.10 P m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) yrs. 7 mos ..... ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Geo Yoder, M. D.

19[illegible] (Address) 1501 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Feb. 9 1926

20 UNDERTAKER Henry Woerner Sons — ADDRESS 1301 E Eager St

E 6 6 8 1 8 — 460 Eds.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06818

CERTIFICATE OF DEATH.

74-002

E06818

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 203 W. Lavale St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin Hazlehurst

(a) Residence No. 203 W. Lavale St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary E. Nowes

7-DATE OF BIRTH (month, day and year) May 3. 1855

8-AGE. 70 yrs. 9 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Commission Mer.

(b) General nature of industry, business, or establishment in which employed (or employer) Live Stock

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Samuel Hazlehurst

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Elizabeth Bilson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

14- (Informant) Mary E. Hazlehurst

(Address) 203 W. Lavale St

15-

Filed..... 19?..... Registrar.....

C. HAMPSON JONES, M.D.
FEB 9 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feby 6-26

17- I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1924 to Feb 5-'26, 19 26.

that I last saw him alive on Feb 5- 19 26.

and that death occurred, on the date stated above, at 2.60 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

Cerebral Thrombosis

Chronic Hypertrophy of Prostate

Hypostatic Pneumonia (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death?.....Date of.....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Lewis M. Gay M. D.

, 19 (Address) 1014 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge — DATE OF BURIAL. Feby 9 19 26

20-UNDERTAKER. John O. Stutchell — ADDRESS 1201 W. Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

06819

CERTIFICATE OF DEATH.

185 E06819

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4836 Pk. Height Ave ST. 27-3 WARD)

2-FULL NAME Ethel B. Darby

(a) RESIDENCE NO 4836 Pk. Heights ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 7 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard J. Darby

DATE OF BIRTH (month, day, and year): June 13/93

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	7	5	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework at Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

BIRTHPLACE (city or town) (State or country): City

10 NAME OF FATHER: Wm C. Brashears

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah M.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Richard J. Darby
(Address) 4836 Pk. Heights Ave

Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

THE CAUSE OF DEATH was as follows:
Fracture base of skull due to
Fall down stairs in house
Hips accidental

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) [illegible], M. D.
(Coroner.)
, 192 (Address) 1612 Bolton

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — DATE OF BURIAL: 2/8 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St.

C. HAMPSON JONES, M. D.
1926

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06820

101-001

CERTIFICATE OF DEATH.

E06820

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 Jefferson St ST. 25-1 WARD)

2-FULL NAME George Roeder

(a) RESIDENCE No. 311 Jefferson St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline M Roeder

6 DATE OF BIRTH (month, day, and year) Dec 31 - 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Grocer Store

(c) Name of employer Theodor Bachman

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Conrad J Roeder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Caroline M Roeder

(Address) 311 Jefferson St

15 Filed , 19 Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1926, to Feb 7th, 1926,

that I last saw him alive on Feb 6th, 1926,

and that death occurred, on the date stated above, at 3 45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Dementia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exp

(Signed) E E Bibbins M. D.

2/7, 1926 (Address) 301 Eloan St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Feb 10 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

pec.—1-10-21—M&T—1500 Bks.

6821

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06821

129 ✓

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Light St ST. 23-1 WARD)

2-FULL NAME John Edward Hoot

(a) RESIDENCE NO. 904 Light St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of M Louise Hoot

6 DATE OF BIRTH (month, day, and year) Nov-4-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber 904

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Ferdinand W. Hoot

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Alberta Schroeder

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant M. Louise Hoot
(Address) 904 Light St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-6-h 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1924, to Feb 6-h, 1926, that I last saw h Lill alive on Feb 5 h, 1926, and that death occurred, on the date stated above, at 11:25 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstetial Nephritis.

(duration) 1 yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex.

(Signed) E E Burton, M. D.

2/7 1926 (Address) 301 E Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Feb 9 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

8 1926 C. ... JONES, M. D.

ec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06822

CERTIFICATE OF DEATH.

129 ✓

E06822

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1628 W Mulberry ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Malinda Stewart

(a) RESIDENCE NO. 1628 W-Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 25. 1829

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
47	1479	91c	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cambridge Maryland

PARENTS

10 NAME OF FATHER: Frank Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cambridge Maryland

12 MAIDEN NAME OF MOTHER: Jane Ewell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cambridge Maryland

14 Informant: Chas Stewart

(Address): 1628 W Mulberry st

15 Filed ....., 19 ..... Registrar

RR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 18 1925 to Feb. 5 1926.

that I last saw h[illegible] alive on Feb. 5 1926.

and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis + Edema (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Wasserman Test

(Signed) Dr S W Kennard M. D.

2-6 1926 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel — DATE OF BURIAL: Feb 8 1926

20 UNDERTAKER: Joseph A Lively — ADDRESS: 101 Winters ave

Dec.—1-10-21—M&T—1500 Bks.

E06823

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06823

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 E. Element ST., 24-1 WARD)

2-FULL NAME Christina Kimmel

(a) RESIDENCE NO. 123 E. Element ST., 21st WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 4 mos. 18 ds. How long in U. S., if of foreign birth? 78 yrs. 4 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip Kimmel

6b DATE OF BIRTH (month, day, and year): Sept. 9th 1847

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Eskrick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. Philip Kimmel
(Address): 123 E Element St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1926, to Feb 6, 1926, that I last saw her alive on Feb-3, 1926, and that death occurred, on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Hemiplegia

(duration) ..... yrs. ..... mos. 10 Min

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) E. F. Hawkins, M. D.

2/8, 1926 (Address) 19 Mendes

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Feb 9 1926

20 UNDERTAKER: Peter Nicolausen — ADDRESS: 0 Eastern Ave

RR

pec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

6824

CERTIFICATE OF DEATH.

E06824

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 N Calhoun ST., 16-6 WARD)

2-FULL NAME Amanda Hawkins.

(a) RESIDENCE NO. 910 N. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widowed.

6a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Lewis Hawkins. —

6 DATE OF BIRTH (month, day, and year) — 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) at Home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn Pa

PARENTS

10 NAME OF FATHER Charles Diggs.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Lucy Day (Address) 910 N. Calhoun St.

15 Filed ..... , 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 — 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to Feb 4, 1926.

that I last saw h— alive on Feb 5 — , 1926

and that death occurred, on the date stated above, at 5:40 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy —

(duration) ... yrs. ... mos 22 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? — Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) R. Garland Chumley, M. D.

2-5-, 1926 (Address) 1324 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemetery — DATE OF BURIAL Feb 9 — 1926

20 UNDERTAKER Mrs Jas H. Dennis per T. E. Kelson — ADDRESS 1303 Presstman St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06825

CERTIFICATE OF DEATH.

100-001

E06825

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 Maryland Ave ST., Brooklyn 25-1 WARD)

2-FULL NAME Lucy Fischer

(a) RESIDENCE NO. 332 Maryland Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Fischer

DATE OF BIRTH (month, day, and year) Aug 29. 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	55	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Thomas Mysell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Rolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant (Address) John G. Fischer 332 Maryland Ave

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926 to Feb 6, 1926

that I last saw h alive on Feb 6, 1926

and that death occurred, on the date stated above, at 3 15 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. L. Campbell M. D.

By , 1926 (Address) 6446 Hamilton Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cemetery

DATE OF BURIAL Feb. 9 1926

20 UNDERTAKER Henry Sander & Sons Inc.

ADDRESS 1710 Fleet St.

C. HAMPSON JONES, M.

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06826

E06826

CERTIFICATE OF DEATH.

25-2 101-001

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 25-2 WARD)

2-FULL NAME Lloyd Lewis

(a) RESIDENCE NO. 126 Church Ave ST., Violetville WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Apr 1920

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	9	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) City

10 NAME OF FATHER Lloyd Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rose Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

PARENTS

14 Informant Lloyd Lewis (Father)

(Address) 126 Church Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5- 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-30-, 1926, to 2-5-, 1926,

that I last saw him alive on 2-5-, 1926,

and that death occurred, on the date stated above, at 4.35 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Finding

(Signed) Gerald Stowell, M. D.

, 19 (Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem

DATE OF BURIAL 2/8/26

20 UNDERTAKER Geo A Farley Sons

ADDRESS Westminster

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06827

06827

CERTIFICATE OF DEATH.

57

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert and 33rd ST., 11-2 WARD)

2-FULL NAME William P. Riggs.

RESIDENCE NO. 814 Cathedral ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Aug. 13th 1864.

8 AGE	Years	Months	Days 24	If LESS than 1 day, ... hrs. or ... min.
	61	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secy. Maryland Jockey Club

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) Newport, R I
(State or country)

PARENTS

10 NAME OF FATHER Lawrason Riggs

11 BIRTHPLACE OF FATHER (city or town) Georgetown
(State or country) D.C.

12 MAIDEN NAME OF MOTHER Mary T. Boight

13 BIRTHPLACE OF MOTHER (city or town) Madison
(State or country) Ind.

14 Informant Lawrason Riggs
(Address) 814 Cathedral St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926 to Feb. 7, 1926, that I last saw him alive on Feb. 7, 1926, and that death occurred, on the date stated above, at 3.20 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) 8? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin B. Jarrett, M. D.

, 19 (Address) Depot.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Feb 10 1926

20 UNDERTAKER Henry W. Jenkins & Son Co

ADDRESS Orchard & McCulloh St

1926 C. HAMPSON JONES, M. D.
Bur.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06828

CERTIFICATE OF DEATH.

101-001 E06828

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital
CITY OF BALTIMORE: (No. Baltimore ST., 17-3 WARD)

2-FULL NAME Miss Margaute A Linn

(a) RESIDENCE NO. 2623 Maryland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced. (write the word): single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 9, 1877

7 AGE: Years 53 | Months 3 | Days 29 | If LESS than 1 day, ...hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS
10 NAME OF FATHER Michael Linn
11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)
12 MAIDEN NAME OF MOTHER Mary O'Brien
13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant St Joseph Hospital Nurses
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Feb 7, 1926,
that I last saw h e alive on Feb 7, 1926
and that death occurred, on the date stated above, at 11:45A m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos 7 ds.
CONTRIBUTORY (Secondary) acute Edema of Lungs
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical Findings
(Signed) James F Jensen, M. D.
2/7, 1926 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 2/10-1926
20 UNDERTAKER: Chas E Thurston — ADDRESS: 1811 W Fayette

FEB 8 1926 HARRISON JONES, M.D.

...—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E06829

REGISTERED NO. E06829

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital ST. WARD

2-FULL NAME Annie Hoppen Stewart

(a) RESIDENCE NO. 1527 Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Hosp Records.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1926, to Feb 6, 1926, that I last saw her alive on Feb 6, 1926, and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Carcinoma of Lung

Unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Wm Jarvis M. D.

Feb 7 1926 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md — DATE OF BURIAL Feb. 8 19 26

20 UNDERTAKER Mrs K.A. Elliott — ADDRESS 723 Asquith

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06830

CERTIFICATE OF DEATH.

X 101-001

REGISTERED NO. E06830

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. Provident Hospital ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Murphy

(a) RESIDENCE NO. 811 Northern Parkway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Single.

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) about 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bethelhem

(c) Name of employer Steel Company

BIRTHPLACE (city or town) (State or country) Cumberland V. C.

PARENTS

10 NAME OF FATHER Calvin Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) V. C.

12 MAIDEN NAME OF MOTHER Mary Ann Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) V. C.

14 Informant Chas. J. Murphy

(Address) 701 E. Madison St.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1926, to Feb. 6, 1926, that I last saw him alive on Feb. 6, 1926, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cardiac decompen

(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death? Sparrows Pt.

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) John W. Gaines, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL Feb 9 1926

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 723 Ashland Av

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06831

CERTIFICATE OF DEATH.

90 E06831

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Brooks Lane ST., 12-6 WARD)

2-FULL NAME Ferdenand Johnson

(a) RESIDENCE NO. 910 Brooks Lane ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE~~ of Alice Johnson

6 DATE OF BIRTH (month, day, and year) Mar 31 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	50	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer) Majestic Apartments

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hanover Co. Va.

PARENTS

10 NAME OF FATHER Robt. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Louisa County Va.

12 MAIDEN NAME OF MOTHER Nancy Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Louisa County Va

14 Informant Alice Johnson
(Address) 910 Brooks Lane

15 Filed ..... 19 ..... Registrar RM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1925, to Febry 5, 1926

that I last saw him alive on Febry 4, 1926

and that death occurred, on the date stated above, at 1 55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Bryan, M. D.

2/5, 1926 (Address) 1837 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Feb. 8 1926
20 UNDERTAKER Miss R. A. Ellis Ly.	ADDRESS 1727 Eastland

Spec. 1-10-21 M&T 1500 Blks.

E06832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E06832

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 406 S. Highland Ave. ST. 26 (WARD) 45

2-FULL NAME Anna Catherine Hekus.

(a) RESIDENCE NO. 406 S. Highland Ave. ST., 26 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

3 If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hekus Sr.

DATE OF BIRTH (month, day, and year) March 15-1873.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	52	10	21	

6 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

7 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER George Fassbank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Eva Creller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Margaret A. Smith
(Address) 406 S. Highland Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec ....., 1925, to Feby 6 ....., 1926, that I last saw h[illegible] alive on Feby 5 ....., 1926, and that death occurred, on the date stated above, at 3.20 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of abdomen about

(duration) about yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Paul F. Meyers, M. D.

, 19 (Address) 1501 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Feb. 9th 1926
20 UNDERTAKER	ADDRESS
Lilly & Feiler	403 S. Bond St.

Zeppo ✓

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06833 + 100-001 E06833

E06833

CERTIFICATE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) Md Gen Hosp ST., (WARD)

2-FULL NAME Jose M Zeppo

(a) RESIDENCE NO. 1 Hostmington ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) 1923.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	—	—	

Three 3,

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Maryland

10 NAME OF FATHER Harry Zeppo

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Cleo Wagner

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Harry Bankard
(Address) Westminster Md

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) Few hrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) — yrs. — mos. 1 ds.

(Signed) H H C Wade, M. D.
(Coroner)

Feb 8 1926 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster

DATE OF BURIAL 2/10 1926

20 UNDERTAKER H Bankard & Son

ADDRESS Westminster

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 3112

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U S Marine Hosp ST. 12-2 WARD)

2-FULL NAME William Byrnes

(a) RESIDENCE NO. 211 Walnut St Philadelphia Pa ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Widower.

6 If married, widowed, or divorced HUSBAND of or) WIFE of Josephine Byrnes

DATE OF BIRTH (month, day, and year) Dec 25/1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53.	2.	11.	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Patrick Byrnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose McCrey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) J. C. Graves U.S. Marine Hosp - Baltimore

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1926, to Feb 6, 1926; that I last saw him alive on Feb 6, 1926; and that death occurred, on the date stated above, at 11.25 P m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary T B - Tuberculosis

Unknown. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory findings

(Signed) J. C. Graves, M. D.

2/6 1926 (Address) U.S Marine Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila Pa — DATE OF BURIAL 2/8 1926

20 UNDERTAKER H. Adkinson & Bro — ADDRESS 1127 E Baltimore St

Rev.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

006835 — 007 — 006835

CERTIFICATE OF DEATH.

23-1 187

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) Swift's Fertilizer Works, ST., Curtis (WARD)

2-FULL NAME Joseph Reddick.(C)

(a) RESIDENCE NO. 1006 Peach Alley. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred --- yrs. 6 mos. --- ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married.

If married, widowed, or divorced: HUSBAND of (or WIFE of) Mary Reddick.(C)

6 DATE OF BIRTH (month, day, and year) August 10, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	5	25 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer. D

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Swift & Co.

9 BIRTHPLACE (city or town) (State or country): A.A.Co.Md.

10 NAME OF FATHER: Stephen Thomas.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country): A.A.Co.Md

12 MAIDEN NAME OF MOTHER: Mary Smith.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina.

14 Informant: Mary Reddick.(C) wife.

(Address): 1006 Peach Alley.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 4, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.

Caught in a revolving shaft and fell on his head. Occidental Death.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

(Signed) C. Hall Pennington M. D.

(Coroner.)

Feb. 6, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL 2/8/26 192

20 UNDERTAKER: Samuel P. Kinsley Bodie ADDRESS 518

C. HAMPSON JONES, M. D.

Dec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06836

E06836

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 17-5 ST., 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. William J. Watson

(a) RESIDENCE NO. 2128 St. Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther E. Barnard

7 DATE OF BIRTH (month, day, and year): Nov 4. 1862

AGE: Years 63 Months 3 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer): 05st

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Canada

PARENTS

10 NAME OF FATHER: John Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Jean Fraser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant (Address): Esther E. Watson 2128 St Paul St

15 Filed ....., 19 ..... Registrar: RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1926, to Feb 6, 1926,

that I last saw him alive on Feb 6, 1926

and that death occurred, on the date stated above, at 7:25 a m.

The CAUSE OF DEATH* was as follows:

Septicaemia staphylococcus aureus

(following abscess upper lip)

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia & pleurisy

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Feb 3

Was there an autopsy? no

What test confirmed diagnosis? clinical exam & blood culture

(Signed) Walter W Eagle, M. D.

2/6, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Feb 8 1926

20 UNDERTAKER: Thos O. Mitchell — ADDRESS: 1201 W. Fayette St.

Dec.—1-10-21—M&T—1500 Blks.

E06837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E06837

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 W 29 St., 12 Ward)

2-FULL NAME Olivia May Rosier.

(a) RESIDENCE NO. 406-W-29 St., 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Benton Rosier

DATE OF BIRTH (month, day, and year) July 16- 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Hanna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Thomas Rosier (Address) 406 W 29th St

15 Filed ... 19 ... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926. to Feb 6, 1926.

that I last saw her alive on Feb 5, 1926.

and that death occurred, on the date stated above, at 4-30 P.M.

The CAUSE OF DEATH* was as follows:

Mammary Carcinoma

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency.

(duration) yrs. 2 mos. 27 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Florence E Cross M.D.

Feb 6 1926 (Address) 2438 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Balto Cem

DATE OF BURIAL Feb 8 1926

20 UNDERTAKER E Le Roy Stifflet

ADDRESS 125 E Preston

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

5838 1 PLACE OF DEATH

41-02 F06838

REGISTERED No. C

CITY OF BALTIMORE (No. 2836 Parkwood Ave ST. 13-5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Shea

(Residence in Baltimore: No. 2836 Parkwood Ave St.: 67 yrs. 0 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow.

6 DATE OF BIRTH: February 2nd (Month) (Day), 1859 (Year)

7 AGE: 67 yrs. 0 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: house work.
(b) General nature of industry, business, or establishment in which employed (or employer): 03

9 BIRTHPLACE (State or country): Ireland.

PARENTS

10 NAME OF FATHER: Michael Larkin

11 BIRTHPLACE OF FATHER (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary E. Crane.

13 BIRTHPLACE OF MOTHER (State or country): Ireland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr John Shea,

(Address) 2836 Parkwood Ave

15

Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) 6 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1925, to Feb 6 1926

that I saw h[illegible] alive on Feb 6, 1926

and that death occurred on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY) Hypostatic pneumonia

(Duration) yrs. 2 mos. ds.

(Signed) Nathaniel Earle, M. D.

Feb 7, 1926 (Address) 2731 Parkwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Dundalk Cath Cem

DATE OF BURIAL: Feby 9 1926.

20 UNDERTAKER: [illegible]

ADDRESS

1071 MAY 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06839 CERTIFICATE OF DEATH.

161 - 06839

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 917 S. Binney St. ST., 1-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Bronson

(a) RESIDENCE NO. 917 S. Binney ST., 1 WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 2-5-26

AGE	Years	Months	Days	If LESS than 1 day 21 hrs. or ... min.

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

8 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Lesley Bronson

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Lena Davis

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Lesley Brohson
(Address) 917 S. Binney St

15 Filed ....., 19 .....

Registrar RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-26 19

17 I HEREBY CERTIFY, That I attended deceased from 2-5- , 19 26 , to 2-6- , 19 26 ,

that I last saw h. in alive on 2-5- , 19 26 ,

and that death occurred, on the date stated above, at 7:00A. m.

The CAUSE OF DEATH* was as follows:

Atelectasis Neonatorum

(duration) ..... yrs. ..... mos 21h. ds.

CONTRIBUTORY (Secondary) Premature at 8 months

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronsbay, M. D.

2-6-1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL .....

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS .....

JOHNS HOPKINS HOSPITAL FEB 1926

Commissioner Health.

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06840. CERTIFICATE OF DEATH. 161-001 E06840

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 221 Parrish Alley ST., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Henson

(a) RESIDENCE NO. 221 Parrish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C.	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 2-4-'26

AGE	Years	Months	Days	If LESS than 1 day 3 hrs. or 10 min.

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

8 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Henson

11 BIRTHPLACE OF FATHER (city or town) Howard Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Leola Tiggle

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Leola Henson (Address) 221 Parrish Alley.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-4, 1926, to 2-5, 1926, that I last saw him alive on 2-5, 1926, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) W. A. Harris, M. D.

2/5, 1926 (Address) 1200 Penn Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER Commissioner Health	ADDRESS

JOHNS HOPKINS HOSPITAL C. HAMPSON JONES, M.D. FEB 8 1926 Par. 6095

Rev. Wm. E. Wrigley

Dec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E06841

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH E06841

City of BALTIMORE: (No. 1114 Mc Culloh St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Stevenson

(a) Residence No. 1114 Mc Culloh St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year) Feb. 1, 1926

8-AGE, ... yrs. ... mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, Aquilla Stevenson

11-BIRTHPLACE OF FATHER (city or town) Winchester (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Sadie Boulden

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md

14- (Informant) Sadie Stevenson
(Address) 1114 Mc Culloh St.

15- Filed ..... 192.... Registrar. [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 4, 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1st 19.26 to Feb 4 19.26 that I last saw h.. alive on Feb 4 19.26 and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Maternal syphilis

Wassermann Positive 1-16-26 (Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick R. Snyder M. D.

Feb 4, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, ... DATE OF BURIAL, ... 19....

20-UNDERTAKER, ... ADDRESS ...

UNIVERSITY OF MARYLAND

C. H. THOMPSON JONES, M. D. Commissioner of Health.

FEB 6 1926

FEB 4 1926

Rec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06842 — 43 E06842 — Registered No.

1-PLACE OF DEATH — BALTIMORE CITY HOSPITALS — 12-2

City of BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. George Taylor

(a) Residence No. 2657 Bernard St St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) ?

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) 1865

8-AGE. 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Unknown
(b) General nature of industry, business, or establishment in which employed (or employer). 087
(c) Name of employer.....

9-BIRTHPLACE (city or town) ..... (State or Country). Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country).

14- (Informant) Baltimore City Hospitals Records
(Address).....

15- Filed ..... 193.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 3, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan. 26 ..... 1926 to Feb. 3 ..... 1926, that I last saw him alive on Feb. 3 ..... 1926, and that death occurred, on the date stated above, at 11 A ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma palate (soft palate)

(Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Miller M. D.

2/5/ 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ... 19....

20-UNDERTAKER. ADDRESS

REGISTER OF MARYLAN... HAMPSON JONES, M. D. ... Commissioner Health

Sec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F06843

38

CERTIFICATE OF DEATH.

F06843

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS Ward) 4-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelius Potter

(a) Residence No. 308 N. Pine St. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) ?

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) 1868

8-AGE, 58 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Emanuel Potter

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Edith Branch

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14-(Informant) Baltimore City Hospitals

(Address) Records

15-

Filed ....., 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 3, 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1925 to Feb 3, 1926

that I last saw h alive on Feb 3, 1926

and that death occurred, on the date stated above, at 9:35 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis

Diabetes Mellitus

(Duration) 3 (Estimated) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

2/5, 1926 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.

DATE OF BURIAL. ..... 19....

20-UNDERTAKER.

ADDRESS

UNIVERSITY OF MARYLAND

Registrar of Deaths.

FEB 8 1926

Pt

ec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

06844

CERTIFICATE OF DEATH.

F06844

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. South Balto Genl Hospt. ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Jean Rolfes.

(a) RESIDENCE NO. 3633 Old York Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Jan 12-25

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	141.		24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City. (State or country)

PARENTS

10 NAME OF FATHER Anthony Rolfes.

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Kurp

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Anthony Rolfes. (Address) 3633 Old York Rd.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926, to Feb 6, 1926, that I last saw h alive on Feb 6, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchus - Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James L Nelson M. D.

, 19 (Address) 12 3 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Holy Redeemer Cem. Feb 8th 1926

20 UNDERTAKER — ADDRESS

Lilly & Zeiler 403 S. Wolfe St.

FEB - 1926 T. HARRISON JONES, M.

ee.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06845

CERTIFICATE OF DEATH.

84 F06845

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home Infirmary ST. 6-1 Balt (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Gertude Sparks

(a) RESIDENCE NO. Star Route Everett, Pennsylvania ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced. HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5. 1913.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Everett. Pa.

PARENTS

10 NAME OF FATHER John Sherman Sparks

11 BIRTHPLACE OF FATHER (city or town) Everet. Pa (State or country)

12 MAIDEN NAME OF MOTHER Dora Belle Amic

13 BIRTHPLACE OF MOTHER (city or town) Clearville Pa (State or country)

14 Informant John Sherman Sparks (Address) Everett Penna

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926, to Feb 8, 1926, that I last saw her alive on Feb 8, 1926, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) ..... yrs. 1 mos 8 ds.

CONTRIBUTORY (Secondary) Brain Tumor

(duration) ..... yrs. 1 mos. 8 ds.

18 Where was disease contracted if not at place of death? do

Did an operation precede death? Yes Date of Feb 6. 1926.

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) ..... M. D.

, 19 (Address) Everett Hospital Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Everett Penna

DATE OF BURIAL 2/10 1926

20 UNDERTAKER Tom Cook

ADDRESS 502 E Main

Ferenz.

94-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

206846

CERTIFICATE OF DEATH.

REGISTERED NO. F06846

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 S. Decker ave ST., 14 WARD)

2-FULL NAME Santina Ferenz

(a) RESIDENCE NO. 1102 S. Decker Ave ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Balz

7 DATE OF BIRTH (month, day, and year) August 28-1925

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	-	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Joseph Ferenz

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER not Gertrude McLennan

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) not

14 Informant Joseph Ferenz (Address) 1102 S Decker Ave

15 Filed ....., 19 ..... Registrar

RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1926

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1926, to Febr 7, 1926.

that I last saw h alive on Febr 7, 1926,

and that death occurred, on the date stated above, at 10 52 p. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) ... yrs. ... mos 7 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) ... yrs. ... mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Comp

(Signed) H. Edwards Bri, M. D.

2.8. 1926 (Address) 2042 Forster st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery

DATE OF BURIAL Feb 9 1926

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager st.

ec.—1-10-21—M&T—1500 Bks.

E06847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E06847

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE. (No. 3013 O'Donnell ST. 1-4 WARD)

2-FULL NAME James W. Lidard

(a) RESIDENCE No. 3013 O Donnell ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 3 mos. 26 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma A.

DATE OF BIRTH (month, day, and year) Oct. 10- 1841

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	3	26	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Moses Lidard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila, Pa.

12 MAIDEN NAME OF MOTHER Eliza Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Maurice Betz
(Address) 3013 O'Donnell

15 Filed ....., 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1925, to Feby. 6th, 1926, that I last saw him alive on Feby 6th, 1926, and that death occurred, on the date stated above, at 11.35 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis.

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia
(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Robert T. Kirk, M.D.
2/8, 1926 (Address) 3126 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Feb 9 1926

20 UNDERTAKER Zirkin + Zirkin

ADDRESS 1739 E. Eager

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6848

CERTIFICATE OF DEATH.

44 E06848

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1689 Darley Ave ST., 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Josephine Kuczko

(a) RESIDENCE No. 1689 Darley Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Kuczko

7 DATE OF BIRTH (month, day, and year) May 16 66

8 AGE: Years 59 Months 8 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Czecho-Slovakia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Louis Kuczko (Address) 1689 Darley Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1926, to Feb. 7, 1926, that I last saw her alive on Feb. 7, 1926 and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma, Uterus Cervix and Adnexa, and Metastases

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent T. Cooke, M. D.

, 19 (Address) 875 Mt. Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer Cem — DATE OF BURIAL: Feb 9 1926

20 UNDERTAKER: Zickler + Zickler — ADDRESS: 1789 E. Eager St.

HAMPSON JONES, M. D. FEB 8 1926

...ec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E06849

06843

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital 1-4 161-002 REGISTERED NO. C 2589

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby boy Kellum.

Residence in Baltimore: No. 725 S Ellwood ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, February 7 (Month) (Day), 1926. (Year)

7-AGE, 9 hours. yrs. ..... mos. ..... ds.

If LESS than 1 day, 9 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Muriel K. Kellum

11-BIRTHPLACE OF FATHER (State or Country), Ellers Va.

12-MAIDEN NAME OF MOTHER Carolyn Mills

13-BIRTHPLACE OF MOTHER (State or Country), Pocomoke City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Webbel

(Address) 725 S. Ellwood Ave

15-

Filed ....., 191.....

KK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 7th (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 7th, 1926, to Feb 7th 1926., that I saw him alive on Feb. 7th. 1926, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:-

Malectasis and Asphyxia.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prolonged labor.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard Katzen M. D.

Feb 7, 1926 (Address) Fayette & Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oakland Cemetery

DATE OF BURIAL, Feb 9, 1926.

20-UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager St.

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

850

90 E06850

REGISTERED NO.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 949 N. Washington ST., 7-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Virginia Cunningham

(a) RESIDENCE NO. 949 N. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Howard Cunningham

DATE OF BIRTH (month, day, and year) April 19-1853

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	9	18	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER Patrick Murphy

11 BIRTHPLACE OF FATHER (city or town)..
(State or country) Frederick Co. Md.

12 MAIDEN NAME OF MOTHER Margaret Kirby

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) not known

14 Informant Mrs. Kirsch
(Address) 949 N. Washington St.

15 Filed ....., 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1925 to Feb. 7, 1926.

that I last saw h[er] alive on Feb. 4, 1926, at 10:40 a. m.

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Aortic regurgitation

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Albert Singewald M. D.

2/8/ 1926 (Address) 1613 E. Northend

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb 11 1926

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E. Eager St.

Jabelowski

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

146

F06851

CERTIFICATE OF DEATH.

6851

REGISTERED NO. F06851

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (NO. St Josephs Hospital ST. 1-2 WARD)

2-FULL NAME Mrs. Tillie Tobolowski

(a) RESIDENCE NO. 616 S. Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Tobolowski

DATE OF BIRTH (month, day, and year) 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

6 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Pzelzeca

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant St Josephs Hospital records.

(Address)

15 Filed ....., 19 ..... Registrar

RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/5, 1926, to 2/6, 1926,

that I last saw her alive on 2/6, 1926,

and that death occurred, on the date stated above, at 10 50 P m.

The CAUSE OF DEATH* was as follows:

Acute post partum gonococcus endo metritis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) General peritonitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 616 S. Port St

Did an operation precede death? yes Date of 1/29/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Bacteriology

(Signed) Streeter Jensen, M. D.

2/6, 1926 (Address) St Josephs Hosp. Bmo.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Feb. 9 1926

DATE OF BURIAL

20 UNDERTAKER John McWeller

ADDRESS 1703 Bank St

ec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06852 E06852

CERTIFICATE OF DEATH.

X 129

REGISTERED NO. 281

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mount Hope Retreat ST. 28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bettie H. Trimmer

(a) RESIDENCE NO. Mt Hope Retreat ST. 28th WARD Kansas City-Mo.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? 73 yrs. 9 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr Trimmer

7 DATE OF BIRTH (month, day, and year) Dec 10 1853

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	73	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (?)
(State or country) Germany

PARENTS

10 NAME OF FATHER Sol. Binswanger

11 BIRTHPLACE OF FATHER (city or town) (?)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elise Elinger

13 BIRTHPLACE OF MOTHER (city or town) (?)
(State or country) Germany

14 Informant Records of Mt Hope
(Address) Mt Hope Retreat

15 Filed ..... 19 .....
Registrar

RPA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1925, to Feb 7th, 1926,

that I last saw her alive on Feb 7th, 1926

and that death occurred, on the date stated above, at 11.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Following Chr. Interst. Nephritis

abt (duration) 0 yrs. 0 mos 1 ds.

CONTRIBUTORY (Secondary) Senile Psychosis

abt (duration) 39 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Atlantic City N.J.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

Feb 8th 1926 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kansas City-Mo. DATE OF BURIAL Feb 8 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOOPEN, Successor) ADDRESS 108 W. NORTH AVE.

Rec. 1971 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6853

CERTIFICATE OF DEATH.

12 6853

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4104 Groveland Ave ST. 28-1 WARD)

2-FULL NAME Henry F. Russell

(a) RESIDENCE NO. 4104 Groveland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Fannie Russell

6b DATE OF BIRTH (month, day, and year) March 3 1853

7 AGE — Years: 72 Months: 11 Days: 4 If LESS than 1 day, hrs. or min.

8a OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) New York City (State or country)

PARENTS

10 NAME OF FATHER Myron Russell

11 BIRTHPLACE OF FATHER (city or town) Boston, (State or country) Mass

12 MAIDEN NAME OF MOTHER Fredericka Leonhardt

13 BIRTHPLACE OF MOTHER (city or town) Brooklyn, (State or country) N.Y.

14 Informant Fannie Russell

(Address) 4104 Groveland Ave

15 Filed . 19 Registrar

RRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1926, to Feb 7th, 1926, that I last saw him alive on Feb 6th, 1926 and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal nephritis

(duration) 1 yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. 6 mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical and [illegible]

(Signed) Herbert E. Gephart, M. D.

2/8/1926 (Address) 3048 N. Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cremation - Loudon Pk — DATE OF BURIAL: Feb 9 1926

20 UNDERTAKER: Wm J. Dickner & Bro — ADDRESS: Balto Md

1926

Rec-12-23-21-E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06854 E06854

CERTIFICATE OF DEATH.

14-1 90 Registered No.

1-PLACE OF DEATH
City of BALTIMORE: (No. BALTIMORE CITY HOSPITAL St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar Tyler

(a) Residence No. 1810 Madison Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) 1866

8-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: laborer
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

10-BIRTHPLACE (city or town) (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Edwin Tyler

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Victoria ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Baltimore City Hospitals Records
(Address)

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 7, 1926

17- I HEREBY CERTIFY, That I attended deceased from January 27 1926 to Feb. 7 19 26
that I last saw him alive on Feb. 7 19 26
and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic myocarditis (History)
(Duration) yrs. 11 mos. ds.
CONTRIBUTORY (Secondary) Myocardial failure (History)
(Duration) yrs. 10 mos. ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? yes.
What test confirmed diagnosis? laboratory
(Signed) Lindsay Miller M. D.
2/8 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cem DATE OF BURIAL. Feb 9 1926

20-UNDERTAKER Dunkenton ADDRESS 916 Eastern

1 DR #

...r.—1-12-23—M&T—100 Blks.

E06855

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-002

E06855

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1507 Pressman ST. (WARD) 45-13

2-FULL NAME Andrew H. Woodland

(a) RESIDENCE NO. 1507 Pressman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8m yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 7/1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

BIRTHPLACE (city or town) Balto City Md
(State or country)

10 NAME OF FATHER Everett Woodland

11 BIRTHPLACE OF FATHER (city or town) Balto City
(State or country)

12 MAIDEN NAME OF MOTHER Ridgley

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Georgine Woodland
(Address) 1507 Pressman St

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap Broncho

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. C. Hardy, M. D.
(Coroner)

Feb 7, 192 (Address) 1536 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Feb 9/1926
20 UNDERTAKER David Carson	ADDRESS City

1926 C. HARRY JONES, M.D.
Per

1-12-23—M&T—500 Blks.

06856 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06856

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 404 State ST., 4-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Hawkins

(a) RESIDENCE NO. 404 State ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 16 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Sept 13 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Balto (State or country) Md

10 NAME OF FATHER Geo B Hawkins

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Mabel Hinson

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Mabel Hawkins (Address) 404 State

15 Filed . 19 Registrar

R 2-28

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 7th 1926, to Feby 7th 1926, that I last saw him alive on Feby 7 1926 and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Coma (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Gehrmann, M. D.

, 19 (Address) 1006 N Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Feb 9 1926
20 UNDERTAKER	ADDRESS 916
Daniel Easton	Paine

1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06857 — 26 E06857

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1807 Druid Hill Ave. WARD)

2-FULL NAME Charlotte Lottie Gray Moore

(a) RESIDENCE NO. 1807 Druid Hill ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Julius R. Moore

DATE OF BIRTH (month, day, and year) 11/17/1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	2	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Robert A Gray

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Harriet Pendleton

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Harriet Gray
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/1926

17 I HEREBY CERTIFY, That I attended deceased from 2/4/26, 19..., to 2/18/26, 19...

that I last saw h.. alive on 4/7/26, m.

and that death occurred, on the date stated above, at 2 P.M. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ?

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.

2/18, 1926 (Address) 720 N. Loyola Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr. Laubum Cem

DATE OF BURIAL Feb 10 1926

20 UNDERTAKER Dave Carter

ADDRESS 916 Druid

Rec. 1921 MAY 1500 Rec.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06858 11-00 E06858

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5438 Park Hgts Ave ST. 97-2 WARD)

2-FULL NAME Mrs Ohie S Scanlan

(a) RESIDENCE NO. 5438 Park Hgts Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, ~~widowed, or divorced~~ (or) WIFE of Daniel J. Scanlan

DATE OF BIRTH (month, day, and year) — 1877

AGE Years 49 | Months — | Days — | If LESS than 1 day, hrs. or ... min.

7 OCCUPATION OF DECEASED Housework

(a) Trade, profession or particular kind of work .....

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

8 BIRTHPLACE (city or town) (State or country) Savannah Ga

PARENTS

10 NAME OF FATHER Hoppstatter

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Martha Carlile

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs O S Scanlan
(Address) 5438 Park Hgts Ave

15 Filed ....., 19 ..... Registrar RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Feb 8, 1926, that I last saw her alive on Feb 7, 1926, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) — yrs. — mos 4 ds.

CONTRIBUTORY (Secondary) Lagrippe (duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical + Clinical Evidence

(Signed) C. B. Exner, M. D.

2-8, 1926 (Address) 5120 Park Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park

DATE OF BURIAL 2/9 1926

20 UNDERTAKER J. Edw. Jones

ADDRESS 1318 Eutaw

Rec- 12-23-21- E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06859 — 06859

CERTIFICATE OF DEATH.

129

Registered No. 25-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 2485 Washington Blvd. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Sarah Hudson

(a) Residence No... 2485 Washington Blvd. St., ... Ward...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 38 yrs. 39 mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Thos. Hudson

7-DATE OF BIRTH (month, day and year): Apr. 19, 1857

8-AGE. 68 yrs. 9 mos. 18 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Carpenter England

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14- (Informant): Fred. L. Jacobs
(Address): 2485 Wash. Blvd.

15- Filed ... 192... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 7, 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb. 6 1926 to Feb. 7 1926
that I last saw h..er alive on Feb. 6, 1926
and that death occurred, on the date stated above, at 7 p.m.
The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary): Ch. Int. Neph.

(Duration) ... yrs. 6 mos. ... ds.

18-Where was disease contracted if not at place of death? Yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) John C. Schwiensberg

(Address) 1126 W. Cross St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: Feb 9 1926

20-UNDERTAKER: John C. Miller

ADDRESS: 319 E Monument

C. HAMPSON JONES, M. D.
1926

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06860 90

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 933 Ashburton St. 16-3 (Ward)

2-FULL NAME Edward Clarence Seymour

(a) RESIDENCE NO. 933 Ashburton St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ellen J. Seymour

DATE OF BIRTH (month, day, and year) May 12 1853

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	8	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) City of Balto

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER William Seymour

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret J. Dawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Ellen J. Seymour
(Address) 933 Ashburton St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to Feb. 5, 1926, that I last saw h~~im~~ alive on Jan 31st, 1926 and that death occurred, on the date stated above, at 5 P. m

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of Heart

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ..... yrs. ? mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Ward E Brumfield, M. D.

, 19 (Address) 1013 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Feb 9 1926

20 UNDERTAKER Jos Joerdens & Son ADDRESS 217 S Paca

1-12-23—M&T—500 Blks.

06861

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06861

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 S. Eleventh ST. 76-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Milne Ross

(a) RESIDENCE NO. 4 S. Eleventh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of James G. Ross

DATE OF BIRTH (month, day, and year) March 4 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Scotland

10 NAME OF FATHER Thomas Milne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Beatrice Kitchen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs James G. Ross

(Address) 4 S Eleventh St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1926, to Feb 6, 1926,

that I last saw her alive on Feb 6, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) 1 yrs. mos. ds.

Edward Milne

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Francis A. Glenty, M. D.

Feb 8, 1926 (Address) 3204 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Feb 9 1926

20 UNDERTAKER Jos Jourdens Son

ADDRESS 2178 E. Pra

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

06862 — 101-001 — 006862

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) 313 E 31st ST. 12-4 WARD)

2-FULL NAME Frank William Weller

(a) RESIDENCE NO. 313 E 31st ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie E Weller

DATE OF BIRTH (month, day, and year) Jan' 31-1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	0	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Assistant Train Master

(b) General nature of industry, business, or establishment in which employed (or employer) Penn. R.R. Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Alexander Weller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma E Eckert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ernest A Weller
(Address) 2441 Barclay St

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to Feb 7, 1926, that I last saw ~~him~~ alive on ~~Feb~~ 7, 1926, and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Lung condition

(Signed) ..... M. D.

, 1926 (Address) 3015 Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 2/10/1926

20 UNDERTAKER Wm Levy 501 E Monument

ADDRESS

C. HAMPSON JONES, M. D.

ec.—1-16-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06863 7 E06863

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hospital ST. 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lelia Weltmer

(a) RESIDENCE NO. 1688 Darley Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: f

4 COLOR OR RACE: w

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

If married, ~~widowed~~, ~~or divorced~~ ~~HUSBAND~~ of (or ~~WIFE~~ of): Abner Weltmer

DATE OF BIRTH (month, day, and year): unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Abner Weltmer

(Address): 1688 Darley Ave

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8. 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1926, to Feb 8, 1926, that I last saw h alive on Feb 8 1926, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Measles

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 1688 Darley Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys exam

(Signed) Fred Fleck M. D.

2/8, 1926 (Address) 2724 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 2/10/1926

20 UNDERTAKER: Wm Cook

ADDRESS: 528 E Lanvale

ec.—1-10-21—M&T—1500 Bks.

E06864

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E06864

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore Jemal Hospital REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. Raynor Ave & Auckland ST. 23-2 WARD)

2-FULL NAME Miss Christine Matthai

(a) RESIDENCE NO. 1336 Hanover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 16 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	51	5	21	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Louis Matthai.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Eckhart.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs Estella Marx.
(Address) 1336 Hanover st

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7. 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26. 1925 to Feb 7. 1926.

that I last saw her alive on Feb. 7. 1926.

and that death occurred, on the date stated above, at 7:55 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical Findings.

(Signed) Jos. Hahn Will agree, M.D.

19 (Address) 1 West Bolton St Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet DATE OF BURIAL Feb 10 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E Hoffman

ec.—1-10-21—M&T—1500 Blks.

Hutchins
1010 N Charles

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 B6865

6865

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 Barclay ST. 17-4 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bismarck D. Euker

(a) RESIDENCE NO. 2225 Barclay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Pearl Euker

7 DATE OF BIRTH (month, day, and year): 6-22-1872

8 AGE: Years 53 | Months 7 | Days 15 | If LESS than 1 day, hrs. or min.

June 22nd 1872

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C. A. Euker

9 BIRTHPLACE (city or town) (State or country): Richmond Va.

PARENTS

10 NAME OF FATHER: Wm Euker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Emelie Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Alfred Euker
(Address) 2225 Barclay

15 Filed ....., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-7- 1926

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1923, to Feb 7, 1926, that I last saw him alive on Jan 30, 1926, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate, with metastasis, thru entire body.

(duration) 3 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Baltimore, Md.

Did an operation precede death? yes Date of .....

Was there an autopsy?

What test confirmed diagnosis? Microscopic Path Exam

(Signed) Amos D. Hutchins, M. D.

2/7, 1926 (Address) 1010 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 2/9 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Mad

C. HAMPSON JONES, M. D.
1926

1-12-23—M&T—500 Blks.

E06866

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06866

CERTIFICATE OF DEATH.

REGISTERED NO. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 307 Oldenborg WARD 13)

2-FULL NAME Leroy White

(a) RESIDENCE NO. 307 Oldenborg WARD 20

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 11/1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	—	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (City or town) Baltimore (State or country) Md

NAME OF FATHER Leroy White

BIRTHPLACE OF FATHER (city or town) (State or country) Md

MAIDEN NAME OF MOTHER Martha Brown

BIRTHPLACE OF MOTHER (City or town) (State or country) Md

Informant Leroy White

(Address) 307 Oldenborg St

Filed ... 19 ... Registrar

C. CHAMPION JONES, M. D.

1926 Dec

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1926, to Feb 9, 1926,

that I last saw h— alive on Feb 6, 1926,

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) ... yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Conley Strong, M. D.

2/8. 1926 (Address) 701 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Feb 9/26

20 UNDERTAKER Daniel Easton — ADDRESS 916 Dru

Dec.—1-10-21—M&T—1500 Bks.

E006867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001006867

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1809 Whitmore Ave. ST. 15-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Harvey

(a) RESIDENCE NO. 1809 Whitmore Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 11 mos. ds. How long in U. S., if of foreign birth? 14 yrs. 11 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Harvey

DATE OF BIRTH (month, day, and year) Feb. 16 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife 037

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant George W. Harvey (Address) 1809 Whitmore Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-3-, 1926, to 2-6, 1926, that I last saw her alive on 2-6, 1926, and that death occurred, on the date stated above, at 6 45 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) La Grippe.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Adelman M. D.

2/7/26 (Address) 2757 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington National Cemetery Fort Myer Va

DATE OF BURIAL Feb. 9th 1926

20 UNDERTAKER J. B. Cook

ADDRESS 3 N. Bal St

C. HAMPSON JONES, M. D.
1926

Dec. 1 1921 M&T 1500 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06868

CERTIFICATE OF DEATH.

100

REGISTERED NO. E06868

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 17-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. F. Martin

(a) RESIDENCE NO. 119 W. 27th St (ST., ... WARD .....)

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M

4 COLOR OR RACE White

5 ~~Single~~ Married, ~~Widowed~~, or ~~Divorced, (write the word)~~ Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Etta G. Martin

7 DATE OF BIRTH (month, day, and year) Nov. 17 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	25 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Post Office Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Government Balto. Md.

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. F. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md.

12 MAIDEN NAME OF MOTHER Alice J. Slicer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. Etta G. Martin

(Address) 119 W. 27th St

15 Filed ..... 19 .....

Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7-1926

17 I HEREBY CERTIFY, That I attended deceased from 2-3-1926, to 2-7-1926, that I last saw h[e] alive on 2-7-1926, and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical & Autopsy.

(Signed) W. F. Martin, M. D.

2/8, 1926 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cem

DATE OF BURIAL Feb 10 1926

20 UNDERTAKER Joseph E. Cook

ADDRESS 1003 W. Balto St

RRB

Dec.—1-10-21—M&C—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06869

CERTIFICATE OF DEATH.

129 E06869

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 Hollins ST. 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George L. Burman

(a) RESIDENCE NO. 1135 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary E. Burman

7 DATE OF BIRTH (month, day, and year) August I 1847

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter for self

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Jeremiah Burman

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margrette Ross

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Miss Lilly May Burman (Address) 1135 Hollins St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Feb. 7, 1926, that I last saw him alive on Feb. 5, 1926, and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio sclerosis. (duration) Some yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) M B Bowman M. D.

Feb. 7. 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL Feb 9th 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Bond St

c.—1-10-21—M&T—1500 Blks.

E06870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06870

CERTIFICATE OF DEATH.

117

1465

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen Hospital ST., WARD?

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Master William Dunlap.

(a) RESIDENCE No. 117 S. Clinton St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of single.

6 DATE OF BIRTH (month, day, and year) Dec 22-1915

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Media, Pa

PARENTS

10 NAME OF FATHER Harry Dunlap

11 BIRTHPLACE OF FATHER (city or town) (State or country) Media Pa.

12 MAIDEN NAME OF MOTHER Elsie Fluchenger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mother

(Address) 117 S Clinton St

15 Filed ..., 19 ...

C. HUMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926, to Feb 7, 1926, that I last saw him alive on Feb 7, 1926, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Appendicial Abscess.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Toxemia and Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? yes Date of Feb 6/26

Was there an autopsy? no

What test confirmed diagnosis? Gentian cluid

(Signed) C. H. Humpson, M. D.

, 19 (Address) Maryland Gen Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Littlestown Pa.

DATE OF BURIAL Feb 10 1926

20 UNDERTAKER W M Routson

ADDRESS 2230 N Booth

Loc.-12-23-21-E.B.P.S.-400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

206871

74-001 206871

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 506 W Franklin St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Virginia Dwyer

(a) Residence No. 506 W Franklin St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-Single, Married, Widowed, ~~or Divorced~~ (Write the word.) Widow

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Wilfred Dwyer

7-DATE OF BIRTH (month, day and year) Nov 21, 1855

7-AGE. 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.? 2 15

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm McGee

11-BIRTHPLACE OF FATHER (city or town) Georgetown (State or Country), D. C.

12-MAIDEN NAME OF MOTHER, [illegible] Lucy Hill

13-BIRTHPLACE OF MOTHER (city or town) Martinsburg (State or Country), W. Va

14- (Informant) Paul P Dwyer

(Address) 506 W Franklin

15-

Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feby 6th 26

17- I HEREBY CERTIFY, That I attended deceased from August 1925 to Feby 6 1926

that I last saw her alive on Feby 4th 1926

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

with Hypertension

(Duration) yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Gottheman, M. D.

, 19 (Address) 1056 W Franklin

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cemetery

DATE OF BURIAL. Feby 9 1926

20-UNDERTAKER. W M Routson

ADDRESS 2238 Harlem

RPH

HEALTH DEPARTMENT—CITY OF BALTIMORE

06872

CERTIFICATE OF DEATH.

90 P06872

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5304 Garrison Ave ST. 27-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Kirk

(a) RESIDENCE NO. 5304 Garrison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Susan D Kirk

7 DATE OF BIRTH (month, day, and year) Dec 28 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frederick Kirk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John W Miller

(Address) 5304 Garrison Ave

15 Filed . . . . 19 Registrar

1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 7 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6 1926 to Feb. 7 1926, that I last saw him alive on Feb 7 1926, and that death occurred, on the date stated above, at 1.50 a. m.

The CAUSE OF DEATH* was as follows: Cardiac

Cardiac Dilatation, acute arthritis a resulting pulmonary edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatic

(Signed) Henry Tschiell M. D.

2-8-1926 (Address) 3902 Groveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Feb 9 1926

20 UNDERTAKER W M Routson

ADDRESS 2220 N Howard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06873

CERTIFICATE OF DEATH

REGISTERED NO. 129

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Baltimore ST. 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Charles Gude

(a) RESIDENCE NO. 915 S. 2nd St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth M. Gude

6 DATE OF BIRTH (month, day, and year): July 4 – 1876

7 AGE: Years 49 ~~50~~ Months 7 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer): Balto Copper works.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Lawson H. Gude

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Elizabeth Hamilton.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Alabama.

14 Informant: Mary R. Metzger
(Address): 3317 Studson St.

15 Filed ..... 19 ..... Registrar

RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/6/26 19

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1926, to Feb. 6, 1926.

that I last saw h. alive on Feb. 6, 1926

and that death occurred, on the date stated above, at 8:45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis with Cardiac Dysententary

Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Acute Edema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab.

(Signed) Edward Jansen, M. D.

2/6, 1926 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem. DATE OF BURIAL: Feb. 9th 1926

20 UNDERTAKER: Lilly & Zirkin ADDRESS: 403 S. Wolfe St

1926 C. THAWLEY JONES, M. D.
Per

Dec. 1-10-21 M&T 1500 Bks.

006874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 006874

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 233 S. Highland Ave ST., 26-5 WARD)

2-FULL NAME Elizabeth Doris Rotty

(a) RESIDENCE NO. 233 S. Highland Ave ST., 26 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 13 - 1924

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
1	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph F. Rotty

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Eleanor Albert

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Joseph F. Rotty
(Address) 233 S. Highland Ave.

15 Filed ..... 19 ..... Registrar RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8th 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Feb 8, 1926.

that I last saw her alive on Feb 7, 1926.

and that death occurred, on the date stated above, at 5.55 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace D. Tilton M. D.

2/8, 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Feb 9th 1926
20 UNDERTAKER Lilly and Zeiler	ADDRESS 403 S Wolfe St.

Dec.—1-10-21—M&T—1500 Blks.

206875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 206875

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 S. 13th St. St., No 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Bieger

(a) RESIDENCE NO. 515 S. 13th St. ST., 76 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 11 - 1925

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Bieger

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Moerschel

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant John Bieger

(Address) 515 S. 13th St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1926, to Feb. 6, 1926,

that I last saw him alive on Feb. 6, 1926,

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Frank A. Klantz M. D.

Feb. 9, 1926 (Address) 3344 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Feb. 9th 1926

20 UNDERTAKER Lilly and Zeile ADDRESS 403 S. Wolfe St

6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06876

CERTIFICATE OF DEATH.

REGISTERED NO. 113 E06876

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1821 Ensor ST.: 9-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Helen Scheck

(a) RESIDENCE. No. 1821 Ensor ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4 COLOR OR RACE White | 5 Single, ~~Married, Widowed~~, or Divorced (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1 J 1926

7 AGE | Years | Months | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John H Scheck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Pearl Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant (Address) John H Scheck 1821 Ensor St

15 Filed . 19 Registrar

FEB 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926, to Feb 9, 1926, that I last saw h[illegible] alive on " 7, 1926, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth
Gastritis

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. Hearn, M. D.

2/9 1926 (Address) 1907 Harlem Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL Oak Lawn Cem. Feb 9th 1926

20 UNDERTAKER Tilly & Zeile 403 S. Wolfe St — ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06877

CERTIFICATE OF DEATH.

101-001

E06877

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No 1613 E. Mount St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Waters

(a) Residence No. 1613 E Mount St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, ~~Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widow

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Peter J Waters

7-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), U

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), ?

11- (Informant) Sarah Hill

(Address) 1613 E monument St

15- Filed ....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 6-26

17- I HEREBY CERTIFY, That I attended deceased from Feb 5, 1926 to Feb 6, 1926, that I last saw h alive on Feb 6, 1926, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine M. D.

, 19 26 (Address) 1 x 50 Arond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, National — DATE OF BURIAL, Feb 9, 1926

20-UNDERTAKER, John W Henderson — ADDRESS 1502 E monument

DEC 1926 C. HAMPSON JONES, M. D.

Dec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06878

CERTIFICATE OF DEATH.

161-06878

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Annapolis Ave. ST. 25-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Schline

(a) RESIDENCE NO. 406 Annapolis Ave. ST., ... WARD Brooklyn, Md.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 8/26.

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Brooklyn, Md.
(State or country)

PARENTS

10 NAME OF FATHER Howard A. Schline

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mellissa P. Tawes

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Howard A. Schline
(Address) 406 Annapolis Ave., Brooklyn Md.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1926, to Feb. 8, 1926,

that I last saw him alive on Feb. 8, 1926,

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Premature Birth.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. W. Brooke, M. D.

, 19 26 (Address) Brooklyn Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Feb 9 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

R.K.

Spec.—1-10-21—M&T—1500 Blks.

E06879 HEALTH DEPARTMENT—CITY OF BALTIMORE

40 E06879

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1905 Druid Hill St. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lydia J. Hughes

(a) RESIDENCE NO. 1905 Druid Hill ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. - 1868

7 AGE 57 Years 58 | Months 6 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lexington, Virginia

PARENTS

10 NAME OF FATHER Edward W. S. Peck

11 BIRTHPLACE OF FATHER (city or town) Baltimore, (State or country)

12 MAIDEN NAME OF MOTHER Amelia A. Dorsey

13 BIRTHPLACE OF MOTHER (city or town) Rockville, Md. (State or country)

14 Informant Maddens Peck

(Address) 1905 Druid Hill Ave.

15 Filed , 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22 19 26 to Feb. 6 19 26, that I last saw her alive on Feb. 6 19 26, and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. F. Carr, Jr., M. D.

Feb. 6 19 26 (Address) 513 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2-9 19 26

20 UNDERTAKER Jno. H. Toadvine

ADDRESS 1027 Druid Hill Ave

Spec—12-23-21—E.B.P.S.—400 Bks.

E06880 — 100-001 — E06880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 10th St Brooklyn St., 75-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith N. Tucker

(a) Residence No. 10th St. St., Ward.....

(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) April 24th 1926

7-AGE. ....yrs. 10 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto County

PARENTS.

10-NAME OF FATHER, Charles D. Tucker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto County

12-MAIDEN NAME OF MOTHER, Maggie Allen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Montgomery Co

14- (Informant) Charles D. Tucker

(Address) Tenth st Brooklyn

15- Filed ....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 8 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1926 to Feb 8 1926.

that I last saw h... alive on Feb 8 1926.

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY Hamilton

(Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas L Bogle M. D

1926 (Address) Brooklyn Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem — DATE OF BURIAL. Feb 10th 1926

20-UNDERTAKER. E Schloman & Son — ADDRESS 1029 Hanover av

FILED FEB 9 1926 HAMPSON JONES, M. D.

K H Registrar.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06881 — 11-09 — 106891

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 7 N. Calhoun Ave ST. 11-2 WARD)

2-FULL NAME Howard M Thomas

(a) RESIDENCE NO. 7 N Carrollton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 23-924

7 AGE — Years 0 — Months 2 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Jackson Thomas

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Ella Newberry

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Fiety Thomas
(Address) 7 N Carrollton Ave

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-4, 1926, to 2-7, 1926, that I last saw h alive on 2-7-, 1926, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Grippe
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. Lewis Bowen M. D.

, 19 (Address) 1 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Feb 9 1926

20 UNDERTAKER John J Fields — ADDRESS 1200 W Fayette

or.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 22-172 F06882

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

TY OF BALTIMORE: (No. South Baltimore General Hospital ST., WARD)

2-FULL NAME Daniel Machievitz. or Missowicz

(a) RESIDENCE NO. 12 E. York St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Do not know.

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Russia.

10 NAME OF FATHER Conrad Machievitz.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Jake. Kikabakobish.
(Address) 821 S. Bond St.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 7, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
fractured ribs, arms, internal injuries
jumped from 3rd. story window while
deterious. Suicide.
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)
Feb 8, 1926 192 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?
South Baltimore General Hospital

Former or usual residence Feb. 7, 1926.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb. 9. 1926 192

20 UNDERTAKER John Drepliauckas J. G. 425 — ADDRESS S. Paca St.

—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06883 101-001 E06883

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (NO. 1711 Lancaster ST. 7-2 WARD)

2-FULL NAME Wincenty Grochowski

(a) RESIDENCE NO. 1711 Lancaster St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 38 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Antonina

DATE OF BIRTH (month, day, and year) ... 1862.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	64			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Poland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Poland.

14 Informant Stanley Grochowski
(Address) 1130 E East ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1926 to Feb. 7, 1926
that I last saw him alive on Feb. 7, 1926
and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) ?
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kirby, M. D.

, 19 (Address) 1617 Edgewood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Feb 10 1926

20 UNDERTAKER F. W. Ozazewski

ADDRESS 1930 Eastern ave

HAMSON JONES, M. D.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06884 — CERTIFICATE OF DEATH. — 23-1 66 E06884

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

TY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

2-FULL NAME William B. Hopkins.

(a) RESIDENCE NO. 132 N. Ostend St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

If married, widowed or divorced HUSBAND of Annie E. Hopkins.

DATE OF BIRTH (month, day, and year) June 1, 1868.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	5	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER James Hopkins.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Amanda Armstrong.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

PARENTS

14 Informant Fred L. Mortimer. (soninlaw)
(Address) 132 N. Ostend St.

15 Filed ..... 192 ..... Registrar

FEB 9 1926 HAMPSON JONES M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 6, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner.), M. D.

Feb. 8, 1926 192 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Comm. — DATE OF BURIAL 2/9 1926

20 UNDERTAKER J. Frew McCully — ADDRESS 1906 E. Fay

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06885

CERTIFICATE OF DEATH.

90 E06885

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 E 27th ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna A. Heilmann

(a) RESIDENCE NO. 536 E 27th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernst Heilmann

6b DATE OF BIRTH (month, day, and year): Nov 13-1839

7 AGE: Years 86 | Months 2 | Days 25 26 | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Christian Fedot

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rosia Seidel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr Oswald Heilmann

(Address): 536 E 27th St

15 Filed ..... 19 ..... Registrar

FEB 9 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 8 1926

17 I HEREBY CERTIFY, That I attended deceased from January 11, 1926, to Feby. 8, 1926, that I last saw her alive on Feby. 7th, 1926, and that death occurred, on the date stated above, at 1 Eo a.m.

The CAUSE OF DEATH* was as follows:

Senility - Myocardial Insufficiency

(duration) yrs. 1 mos 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. J. Pillsbury, M. D.

FEB 8, 1926 (Address) 415 Cedarcroft Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: 2/10 1926

20 UNDERTAKER: John Leeries

ADDRESS: 1108 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

106886

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E106886

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 N. Eden st ST., 9-1 WARD)

2-FULL NAME Grace A. Green

(a) RESIDENCE NO. 1512 N. Eden st ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, ~~or Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 15 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Keeps house

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Geo. A. Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Ida Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Geo. Green
(Address) 1512 N Eden st

15 Filed ..... 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1926, to Feb. 6, 1926, that I last saw her alive on Feb. 4th, 1926, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Influenza several

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) A. B. Schwatka, M. D.

2/6, 1926 (Address) 700 W. North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Feb 9 1926

20 UNDERTAKER: Geo. F. Ruth

ADDRESS: 1736 Harford av

Cor.—12-9-25—A Co.—200 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06887 + 29 E06887

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hosp. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Whittington

(a) RESIDENCE NO. 102 Bond St. Belair Md St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Whittington

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Shadrach Dorsey

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary Wells

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Andrew Whittington

(Address) Bel Air Md

15 Filed _____ 19 _____ K K. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus due to running nail into foot. Accident

(Autopsy at Hopkins)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) _____

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Walker, M. D.

(Coroner)

2/9/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs. ..... mos., ... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Date of Burial Febry 9 1926

20 UNDERTAKER Dean & Foster ADDRESS Bel Air Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E06888

CERTIFICATE OF DEATH.

E06888

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3816 Woodland Ave St. 15-4 WARD)

2-FULL NAME David Schuchat

(a) RESIDENCE No. 3816 Woodland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jana Schuchat

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE — Years: 80 — Months: — — Days: — — If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Joshua Schuchat

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jack Lewis 1439 Eastern Ave

15 Filed ....., 19.... Registrar: R K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-8 1926

17 I HEREBY CERTIFY, That I attended deceased from Febr 2 1926, to Febr 8 1926,

that I last saw h in alive on Febr 8 1926

and that death occurred, on the date stated above, at 10:45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Left Hemiplegia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary): Oedema of lungs

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Observation B.P.

(Signed) Joseph E. Lichtman M. D.

Feb 8 1926 (Address) 3204 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem

DATE OF BURIAL: Feb 9 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6889

CERTIFICATE OF DEATH.

199

B06889

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Bay City Hospital St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. McCormick

(a) RESIDENCE NO. 2117 Huntington Ave St._____ Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna McCormick

6 DATE OF BIRTH (month, day, and year) April 17 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer Penn. R.R.

9 BIRTHPLACE (city or town) Md City

(State or country)

PARENTS

10 NAME OF FATHER John McCormick

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Harmon

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Va.

14 Informant Anna McCormick

(Address) 2117 Huntington ave

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) ..... yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Fracture L. Hip

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Fenton M. D.

(Coroner)

28, 1926 (Address) 700 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., 2 mos., 20 ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 2117 Huntington Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial Feb 9 1926

20 UNDERTAKER William Cook ADDRESS 502 E North Ave

Very Important

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

206890 16 206890

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 Guyons Falls Ave ST. 15-5 WARD)

2-FULL NAME Mary R Armsworthy

(a) RESIDENCE NO. 3117 Guyons Falls Ave ST. 24 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15 1837

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
1837	88	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Easton
(State or country) Maryland

PARENTS

10 NAME OF FATHER Baynard

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Annie L Mitchell
(Address) 3117 Guyons Falls Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1921, to Feb 6, 1926, that I last saw h— alive on Feb 5, 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Chronic Decay.

(duration) yrs. 4 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Oct 8, 1926 (Address) 21 Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Oct 7 1926

20 UNDERTAKER Harman A Trempler

ADDRESS Westminster

Cor.—1-12-23—M&T—100 Bks.

E06891

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06891

CERTIFICATE OF DEATH.

159.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Jackson St. ST. 24-2 WARD) REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Hanke.

(a) RESIDENCE NO. 1725 Jackson St. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) February 4, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	----------		3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward Hanke.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Viola Brunner.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Viola Brunner. (mother)
(Address) 1725 Jackson St.

15 Filed ..... 192 ..... Registrar

R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 7, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
congenital.
(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Feb, 8, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rood Cem. DATE OF BURIAL Feb 9 1926

20 UNDERTAKER Chas. L. Stevens ADDRESS 1301 Pont Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06892

CERTIFICATE OF DEATH.

90 E06892

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 S. Washington ST. 7-1 WARD)

2-FULL NAME Andrew J Lengentacke

(a) RESIDENCE NO. 17 S. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Elizabeth Lengentacke

6 DATE OF BIRTH (month, day, and year) April 12-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	59	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joshua Lengentacke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Maria Stein

(Address) 17 S Washington St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan-29, 1926, to Feb. 6, 1926, that I last saw h[illegible] alive on Feb. 6, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isaac Ferguson, M. D.

2/8. 1926 (Address) 700 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Feb 10 1926

20 UNDERTAKER: Thos. E. Millet & Son — ADDRESS: 2334 Jeffers St

HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bkn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06893

90 ✓

E06893

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2909 Fait St., 1-3 Ward)

2-FULL NAME Frederick Heppner

(a) RESIDENCE NO. 2909 Fait St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Heppner

6 DATE OF BIRTH (month, day, and year) Dec 20, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not known

12 MAIDEN NAME OF MOTHER Mountown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) not known

14 Informant Mrs Rose Smith

(Address) 2909 Fait ave

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Dilated Heart

(duration) ..... yrs. 1 mos. ..... ds.

(Signed) James M Fenton M. D.

(Coroner)

2/7, 1926 (Address) York Chapel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Date of Burial Feb 9 1926

20 UNDERTAKER Wm. S. Millerton ADDRESS 2334 Fait Ave

very important

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E06894

E06894

CERTIFICATE OF DEATH.

REGISTERED NO. E06894

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5510 Garrison Ave ST., 27-3 WARD)

2-FULL NAME Melbourne H Kimbrough

(a) RESIDENCE No. 5510 Garrison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Norella E Kimbrough

6 DATE OF BIRTH (month, day, and year): Feb 4, 1847

7 AGE: Years 79; Months; Days 4; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Paul C Kimbrough

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Bullington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Pauline Fleming 5510 Garrison Ave

15 Filed ..... 19 .... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1926, to Feb. 8, 1926,

that I last saw him alive on Feb. 8, 1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Frank H. Machen, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bremo Bluff Va — DATE OF BURIAL: Feb 9 1926

20 UNDERTAKER: Thenowood & Son — ADDRESS 3617 Chestnut Ave

pec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F06895

CERTIFICATE OF DEATH.

129 F06895

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ST., 14-1 WARD)

2-FULL NAME Fred Cutch

(a) RESIDENCE NO. 2012 Druid Hill Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE: Years 71; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Cutch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to Feb. 5, 1926, that I last saw him alive on Feb. 5, 1926, and that death occurred, on the date stated above, at 5:45 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

Chronic Nephritis

(duration) yrs. 8 (history) mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) A. Lindsay Miller, M. D.

2/7/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Feb. 11 1926

20 UNDERTAKER Jno. M. Johnson

ADDRESS 1234 Ething St.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002 E06896

CERTIFICATE OF DEATH.

E06896

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospl WARD) 25-1

2-FULL NAME Catherine Seach - (Seach)

(a) RESIDENCE NO. 6th St Brooklyn Md ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 7th 1925

7 AGE — Years: | Months: 7 | Days: | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Hiram Seach

11 BIRTHPLACE OF FATHER (city or town) New Jersey.
(State or country)

12 MAIDEN NAME OF MOTHER Belinda Williams.

13 BIRTHPLACE OF MOTHER (city or town) Mass.
(State or country)

14 Informant Hiram A Seach
(Address) 6th St Brooklyn

15 Filed ....., 19 ..... Registrar

FEB 9 - 1926

PK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1926, to Feb 8, 1926, that I last saw her alive on Feb 8, 1926, and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James Whelan M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: CEDER HILL CEM — DATE OF BURIAL: FEB 9 1926

20 UNDERTAKER: ROBERT T. BROOKS & SON — ADDRESS: COR CALHOUN HOLLINS ST

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06897

168

CERTIFICATE OF DEATH.

E06897

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital Annex 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Bareis

(a) RESIDENCE NO. St Joseph Hospital St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5/1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Caretaker Grounds

(b) General nature of industry, business, or establishment in which employed (or employer) St Joseph Hospital

(c) Name of employer 086

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Mrs. Maggie Johnson (Daughter)

(Address) 1448 Covington St

15 Filed _____, 19____ Registrar R.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5/20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation by hanging himself with rope to bed post

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Collins M. D.

(Coroner)

2/8/20 (Address) 598 E. __orth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs. ___ mos., ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk. Date of Burial Feb. 9 1926

20 UNDERTAKER Richard F. Curley ADDRESS 624 N. Wash St.

Very important that this be filled out correctly. JAMESON-JONES M'F'G CO.

c.—1-12-23—M&T—500 Bks.

506 Orchard St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06898

CERTIFICATE OF DEATH.

3 E06898

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 17-2 WARD)

2-FULL NAME Mary Smith

(g) RESIDENCE NO. 56 Orchard st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1926, to Feb. 6, 1926,

that I last saw her alive on Feb. 6, 1926,

and that death occurred, on the date stated above, at 6.58 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Wm McLane M. D.

2-6-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Macedonia Cem.

DATE OF BURIAL 2/9 1926

20 UNDERTAKER Samuel Hemsley

ADDRESS 578 N Eddelton

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06899 Registered No. 128 E06899

1-PLACE OF DEATH
City of BALTIMORE: (No.) BALTIMORE CITY HOSPITALS St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vivian Bailey

(a) Residence No. 1676 Madison Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	Colored	married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Landman

6-DATE OF BIRTH (month, day and year) 1900

7-AGE. 26 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Trower

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Sadia James

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

11- (Informant) Baltimore City Hospitals Records
(Address)

15- Filed 192 Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 6, 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb. 2 19 26 to Feb. 6 19 26
that I last saw her alive on Feb. 6 19 26
and that death occurred, on the date stated above, at 10:20 P.M.

The CAUSE OF DEATH* was as follows:

Acute nephritis
(Duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Uremia (History)
(Duration) yrs. mos. 8 ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes.
What test confirmed diagnosis? Laboratory
(Signed) W Lindsay Miller M. D.
2/8 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel Cem. DATE OF BURIAL. 2/10 19 26

20-UNDERTAKER Samuel Hemsley ADDRESS 518 N Bdle St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06900 90 E06900

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 925 Argyle Ave ST., WARD)

2-FULL NAME Eliza Watts

(a) RESIDENCE NO. 925 Argyle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Augustus Watts.

7 DATE OF BIRTH (month, day, and year) 1867

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	58			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Md Carlin Co

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Augustus Watts 925 Argyle Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Cystitis (duration) yrs. mos. 1 ds.

(Signed) H. C. Wades, M. D. (Coroner)

Feb 8, 1926 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 2/9 1926

20 UNDERTAKER Samuel J. Hemsley (ADDRESS) 57 N Gilmor

Spec—12-23-21—E.B.R.S.—400 Bks.

E06901

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E06901

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 644 N Carey St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert W. Jefferson

(a) Residence No. 644 N Carey St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Sadie Jefferson

6-DATE OF BIRTH (month, day and year) 1880

7-AGE. 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer) d/d

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Prince George Co Va

PARENTS.

10-NAME OF FATHER Robert Jefferson

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Chesterfield Co Va

12-MAIDEN NAME OF MOTHER Fannie Sayles

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Chesterfield Co Va

14- (Informant) Sadie Jefferson (Address) 644 N Carey St.

15- Filed ..... 192.. Registrar. R H

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/5/26

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1926 to Feb 5 1926

that I last saw h. alive on Feb 5 1926

and that death occurred, on the date stated above, at 9:50 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy 2 ds.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H S McCauley M.D.

2/8 1926 (Address) 2005 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Pres. Auburn Cem

DATE OF BURIAL. 2/9 1926

20-UNDERTAKER. Edward J Bradley

ADDRESS 738 Eddie

Spec. 1-1921 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06902

CERTIFICATE OF DEATH.

112 E06902

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Gale St. Augusta WARD)

2-FULL NAME Jengt August Schneider

(a) RESIDENCE NO. 721 Gale St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colo	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 6 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Meat Packing

(c) Name of employer Schluderberg Co

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Charles Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Douglas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Walter Stockett
(Address) 721 Gale ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Feb 6, 1926, that I last saw h— alive on Feb 4, 1926, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Indigestion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) E. E. Hunter M. D.

2-9-, 1926 (Address) 716 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Cemetery DATE OF BURIAL Feb 9 26 1926

20 UNDERTAKER Harry H. Nitzke ADDRESS 521 W. Lan...

FEB 9 1926 HAMPSON JONES, M. D.

c.—1-12-23—M&T—500 lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

86-001

E06903

CERTIFICATE OF DEATH.

E06903

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. St. Agnes Hospital ST. 76-5 WARD)

2-FULL NAME Fred Lang.

(a) RESIDENCE NO. 1836 W. Fairmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Sister (Mrs. Farber)

(Address) 1836 W. Fairmount Ave

15 Filed ..... 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7— 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-6—, 1926, to 2-7, 1926, that I last saw him alive on 2-7—, 1926, and that death occurred, on the date stated above, at 11 35 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis

Due - to Infections

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Otitis Media (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Francis A. Ellis, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Feb 10 26

20 UNDERTAKER Harry H. Witzig — ADDRESS 1534 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6904

CERTIFICATE OF DEATH.

40 E06904

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 N. Fremont ave st. 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Walton

(a) RESIDENCE NO. 460 Liberty Heights ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jesse L. Walton

6 DATE OF BIRTH (month, day, and year): July 30 1845

7 AGE: Years 80 Months 6 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Milliner do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: William McMullen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jane McCrosley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Elaine N. Sigler

(Address) 460 Liberty Heights

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Febry 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1926, to Febry 8, 1926, that I last saw h[illegible] alive on Febry 7, 1926, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Auto intoxication

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual

(Signed) George C. Shannon, M. D.

2/8, 1926 (Address) 700 Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Feb 10 1926

20 UNDERTAKER: Harry A. Noltze & Co

ADDRESS: 1531 W. Lombard

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06905

90~E06905

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 813 Rutland a ST., 7-1 WARD)

2-FULL NAME Mary L Rogers

(a) RESIDENCE NO. 813 Rutland av ST., 7 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. last mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced, (~~Write the word~~): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: David Rogers

6 DATE OF BIRTH (month, day, and year): 1860 Dec 5th

7 AGE: Years 65 | Months 4 5 | Days 7 | If LESS than 1 day, ...hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Norfolk Va

PARENTS

10 NAME OF FATHER: Zachary Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Robert M. Boyd 813 Rutland av

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 5 1926, to Feb 7 1926, that I last saw h.. alive on Feb 4 1926, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Heart Disease about

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alf Boyd M. D.

Feb 7, 1926 (Address) 813 Rutland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Feb 10 1926

20 UNDERTAKER: Harry A. Britz — ADDRESS: 1531 W Lombard

C. HARRISON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06906

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 109 Airmuth st

CITY OF BALTIMORE: (No. Old age Homes ST. 5-1 WARD)

REGISTERED NO. 1926

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Bronstein

(a) RESIDENCE NO. 109 Airmuth st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. — mos. — ds. How long in U. S., if of foreign birth? 22 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none old

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Ades

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant M. Bronstein (Address) 1218 E Monument st

15 Filed ....., 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925, to Feb 8, 1926

that I last saw her alive on Feb, 1926

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis-Cerebral Hemorrhage (duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. L. Lichtenberg, M. D.

2/9 1926 (Address) 1111 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 2/9 1926

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1121 E Balto st

(1) NAME AND SURNAME must be given in full, and the Christian name must not be abbreviated. (2) RESIDENCE must be stated. (3) AGE must be given in years and months. (4) BIRTHPLACE must be stated. (5) OCCUPATION must be stated.

1926 HARRISON-JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

Dr Norton - 888 N Lombard St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06907

CERTIFICATE OF DEATH.

101-001

E06907

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 105 Scott ST. 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A Clatchey

(a) RESIDENCE NO. 105 Scott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James M Clatchey

6 DATE OF BIRTH (month, day, and year): June 22, 1838

7 AGE: Years 87 Months 7 Days 6 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Samuel Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Patience Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: J S Clatchey

(Address) 105 Scott St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926, to Feb 7, 1926, that I last saw h[er] alive on Feb. 7, 1926, and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia,

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary): none,

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Exam Etc.

(Signed) Chas Norton, M. D.

2/8/26 (Address) 888 N Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: Feb 10 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Madison

FEB 8 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06908 — 100-001 — E06908

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 E. Eager ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathaniel Bean

(a) RESIDENCE NO. 1826 E. Eager ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bean

6 DATE OF BIRTH (month, day, and year) May 10 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lancaster County (State or country) Va

PARENTS

10 NAME OF FATHER Landin Bean

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Bettie Jones

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Charity Jones (Address) 1826 E. Eager St.

15 Filed ..... 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-Feb. 1926

17

I HEREBY CERTIFY, That I attended deceased (from) Jany 15, 1926, (to) Feby-6, 1926,

that I last saw h im alive on Feby-6, 1926

and that death occurred, on the date stated above, at 10-A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? medical test

(Signed) J. P. Walters, M. D.

, 19 (Address) 1636 Ashland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashury Cemetry	2/9/26

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06909 101-001 E06909

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Salsbury Alley St. 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Janie Jackson

(a) RESIDENCE No. 1003 Salsbury Alley St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~: Frank Jackson

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: Years 47 yrs. Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: for self.

9 BIRTHPLACE (city or town) Snow Hill (State or country) Maryland.

PARENTS

10 NAME OF FATHER: John Cunningham

11 BIRTHPLACE OF FATHER (City or town) Snow Hill (State or country) Maryland

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (City or town) Snow Hill (State or country) Maryland

14 Informant: John Jackson (Address) 1008 Salsbury alley

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 , 1926, to Feb 8 , 1926.

that I last saw her alive on Feb 8 , 1926,

and that death occurred, on the date stated above, at 9.30 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) R. I. Cushing, M. D.

, 19 (Address) 1514 E Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemtry

DATE OF BURIAL: 2/11th 1926

20 UNDERTAKER: Mrs. R.A. Elliott

ADDRESS 1725 Ashland Av

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06910

CERTIFICATE OF DEATH.

24-001
E06910

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 118 Wilkens St., 20-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac D. Conway.

(a) RESIDENCE NO. 118 Wilkens ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 3 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	69		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Perry Conway

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Forgathe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. W. Welch (Address) 118 Wilkens St

15 Filed ....., 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1926

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to July 7, 1926, that I last saw h alive on July 7, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis.

(duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Dunn M. D.

, 19 (Address) 1327 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL July 10 1926

20 UNDERTAKER Robt. Jenkins Inc

ADDRESS 1402 Broadway

FORM B 1921 HAMPSON JONES CO. 10-1925

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06911 E06911

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. ..... WARD) B-2

2-FULL NAME Martin Greenfield

(a) RESIDENCE NO. 1616 E. Pratt St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Greenfield

6 DATE OF BIRTH (month, day, and year) Lithuania

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 E Baltimore

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926, to Feb 9, 1926, that I last saw h/ alive on Feb 9, 1926, and that death occurred, on the date stated above, at 2:45 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
following influenza.

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Pulmonary Eclema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Lab. + clinical sign.

(Signed) Arthur A Cope M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rest

DATE OF BURIAL 2/9 1926

20 UNDERTAKER Jack Lewis 1439 E Balto

ADDRESS

FRONT

E. HAMPSON JONES, M. D.

Reg. 1926

KK

E06912

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

E06912

Registered No. C 101-401

1-PLACE OF DEATH

City of Baltimore (No. 1640 N. Payson St. 15-12 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Hoffman

(Residence in Baltimore: No. 1640 N. Payson St.; 23 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: F

4-COLOR OR RACE: W

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: [illegible], 1 (Month) (Day) (Year)

7-AGE: 85 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josh Lewis

(Address) 1439 E Baltimore

15

Filed ....., 191.... Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb — 9 —, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 —, 1926 to Feb 9 1926

that I saw her alive on Feb 9 —, 1926

and that death occurred, on the date stated above, at 6.35 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY): none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Herman Seidel M. D.

Feb 9, 1926 (Address) 2404 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Hebrew Rest — DATE OF BURIAL: 2-9-1926

20-UNDERTAKER: Josh Lewis 1439 E Balto — ADDRESS

FK

Item 5, Sex, Color or Race, and Age are very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06913

CERTIFICATE OF DEATH.

129 E06913

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua Turner

(a) Residence No. 626 Warner St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1883

7-AGE. 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Md.
(State or Country).

PARENTS.

10-NAME OF FATHER, Elijah Turner

11-BIRTHPLACE OF FATHER (city or town)..... Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Eliza Haney

13-BIRTHPLACE OF MOTHER (city or town)..... Md.
(State or Country),

14- (Informant) Baltimore City Hospitals Records

(Address).....

15-

Filed..... 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 8, 1926

17- I HEREBY CERTIFY, That I attended deceased from Nov. 24 19 25 to Feb. 8 19 26

that I last saw h[illegible] alive on Feb. 8 19 26

and that death occurred, on the date stated above, at 6:109 m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Chronic Endocarditis

(Duration) 15 yrs. (History) mos. ds.

CONTRIBITORY (Secondary) Myocardial failure

(Duration) 6 yrs. (History) mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) J. Lindsay Miller M. D.

2/9/ 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Stephensville Md. DATE OF BURIAL, 2/9th 1926

20-UNDERTAKER. Jas. Jn. S. Kimes ADDRESS 1625 E. Madison St Balto.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

06914 — 91 — 06914

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 S. Montford ave ST., 1-2 WARD)

2-FULL NAME Frank J. Kalet

(a) RESIDENCE NO. 721 S. Montford ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 50 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Kalet

6 DATE OF BIRTH (month, day, and year) Dec. 25/1852

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Ger.

PARENTS

10 NAME OF FATHER Frank J. Kalet

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Mrs. Frank Kalet
(Address) 721 S. Montford

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febr. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1925, to Febr. 7, 1926, that I last saw h[illegible] alive on Febr. 7, 1926, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic bronchial asthma

(duration) ... yrs. unknown.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) ... yrs. unknown.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Frank A. Januszewski M. D.

Feb 8, 1926 (Address) 2431 Fait Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb. 10 1926

20 UNDERTAKER Jos. J. Hurlebaus 156 N. Luzerne — ADDRESS

TION IS very important

FEB 9 1926

Spec.—1-10-21—M&T—1500 Bks.

E06915 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-001 E06915

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 413 Register St. 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W Washington

(a) RESIDENCE NO. 413 Register ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Washington

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER William Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) S C

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S C

14 Informant Viola Washington

(Address) 413 Register St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1926, to Feb 7, 1926.

that I last saw h.. alive on Feb 7, 1926

and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Bilateral lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Geo. S. Allen, M. D.

Feb 8, 1926 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gray Hill S C. DATE OF BURIAL Feb 9 1926

20 UNDERTAKER A. Jones ADDRESS 1515 111 S. Gilmor St

TION IS VERY IMPORTANT

Spec.—1-10-21—M&T—1500 Blks.

E06916

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E06916

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH St Joseph's Hospital Sister Mary Lilia O.S.F.

CITY OF BALTIMORE: (No. Caroline & Oliver ST., W-2 WARD)

2-FULL NAME Sister MARY LILIA (Frances Doohan)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. St Joseph's Hospital- ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 32 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Sister -

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister -

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Ireland

PARENTS

10 NAME OF FATHER James Doohan

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary McGinley

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Records St Joseph's Hospital (Address) Caroline & Oliver Sts

15 Filed ....., 19..... Registrar

TION is very important. See instruction

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8- 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb- 8. , 1926 , to Feb- 8 - , 1926 ,

that I last saw her alive on Feb- 8. , 1926 ,

and that death occurred, on the date stated above, at 1P M. m.

The CAUSE OF DEATH* was as follows:

Hypertension.

cerebral Hemorrhage-

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? none

What test confirmed diagnosis? Clinical.

(Signed) Clement R. Monroe, M. D.

2/9/26 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL February 11 1926

20 UNDERTAKER Henry Storck Son — ADDRESS 1301 E Eager St

C. HAMPSON JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06917 — 14-2 — 99-002 — Registered No. E06917

1-PLACE OF DEATH

City of BALTIMORE: (No.) 813 Dorr La (St.) ..... (Ward) .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Reb

(a) Residence No. 813 Dorr La St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Anna Eliz Reb

6-DATE OF BIRTH (month, day and year) April 13-1846

7-AGE, 80 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City

(c) Name of employer .....

9-BIRTHPLACE (city or town). (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dorothy

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Anna Schaad

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) John Reb

(Address) 813 Dorr

15- Filed ....., 19?.... Registrar.

RPS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-6-26

17- I HEREBY CERTIFY, That I attended deceased from Nov., 19 25, to Feb. 6, 19 26

that I last saw h. ~~in~~ alive on Feb. 6, 19 26

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Senile Bronchitis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Richard Dorsey, M. D.

, 19 (Address) 1317 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Western Cemetery — DATE OF BURIAL, Feb. 10, 19 26

20-UNDERTAKER, George L. Schmidt & Co. — ADDRESS, 1101 Fredk. Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06918

CERTIFICATE OF DEATH.

66 E06918

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 732 N. Chester St St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Kirkendall

(a) RESIDENCE NO. 732 N. Chester St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Kirkendall

6 DATE OF BIRTH (month, day, and year) Dec 7/1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 27

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER xxxxx Duback

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant John Kirkendall

(Address) 732 N. Chester St

15 Filed_____ 19_____ RRA. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Chr. Alcoholism

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Catlin, M. D. (Coroner)

2/8/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — Date of Burial Feb 10 1926

20 UNDERTAKER August Pasek — ADDRESS 2786 Eberland Ave.

very important. See instructions on back of certificate.

ee.—1-12-23—M&T—500 Blks.

E06919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E06919

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 Forrest Ave 1st Fayette ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Novak

(a) RESIDENCE No. 19 Forrest Ave ST., Hamilton WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. — mos. — ds. How long in U. S., if of foreign birth? 52 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hlubucek

6 DATE OF BIRTH (month, day, and year) Aug. 8, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	68	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer) Mens furnishings

(c) Name of employer None at present - retired

9 BIRTHPLACE (city or town) (State or country) Tabor, Czecho-Slovakia

PARENTS

10 NAME OF FATHER Joseph Novak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Czecho Slovakia

12 MAIDEN NAME OF MOTHER Hutsmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Emil Novak (Address) 26 E. Preston St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I attended deceased from January 15, 1925, to Feb 8, 1926, that I last saw h— alive on Feb. 8, 1926, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Hypernephroma of kidney (right)

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No ureter catheterization

What test confirmed diagnosis? pyelography, etc.

(Signed) Emil Novak, M. D.

Feb. 10, 1926 (Address) 26 E Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakhill

DATE OF BURIAL Feb 10 1926

20 UNDERTAKER August Pasek

ADDRESS 2737 Eastlake Ave.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06920 99-0 06920

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH 2100 Parkave

CITY OF BALTIMORE: (No. 2100 Park ave ST. 13th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Nancy Trimble

(a) RESIDENCE NO. 2100 Park ave ST., WARD 13th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 99 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 23/1826

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	99	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Trimble Md

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) J. D. Hull Penn - Redwood & Sts

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st for several weeks, 1926.

that I last saw h.. alive on Feb 6th 1926 at time of death

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis —

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Extreme old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) O. Edward Janney, M. D.

, 19 (Address) 201 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Burial Ground DATE OF BURIAL Feb 6 1926

20 UNDERTAKER Chas E Franck ADDRESS 82 Madison ave

TION is very important. See instructions

Spec.—1-10-21—M&T—1500 Bks.

E06921

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06921

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 W Mulberry ST. 18-1 WARD)

2-FULL NAME Susie Murray

(a) RESIDENCE NO. 823 W Mulberry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Boy mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Frank Murray

6 DATE OF BIRTH (month, day, and year): April 2, 1887

7 AGE: Years 38 Months 10 Days 5 If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Benjamin Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Eleanor Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Frank Murray 823 W Mulberry

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to May 7, 1926, that I last saw her alive on May 6, 1926, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(duration) 3 yrs 3 mos ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. S. Howell M.D.

May 8, 1926 (Address) 114 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Feb 11. 1926

20 UNDERTAKER: Lottie Gross — ADDRESS: 1405 McElderry

TION is very important. See instructions

HAMPSON-JONES CO.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06922

CERTIFICATE OF DEATH.

101-001 E06922

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S. Bond ST. 32 WARD)

2-FULL NAME Itcham Shofsid

(a) RESIDENCE NO. 119 S Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jehuda Shofsid

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Antone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Antone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 Balto

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tumor Pneumonia

(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Kruber (Coroner), M. D.

2-9-, 1926 (Address) 704 Cher St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 2/9 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1439 Balto

C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E06923

HEALTH DEPARTMENT—CITY OF BALTIMORE

52 E06923

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Fawn ST., 16-7 WARD)

2-FULL NAME Patrick Corrigan

(a) RESIDENCE NO. 1619 Fawn ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Corrigan

6 DATE OF BIRTH (month, day, and year) March 6/48

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary E Corrigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Francis Corrigan
(Address) 1619 Fawn

15 Filed ..... , 19 ..... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6th, 1926, to Feb 8th, 1926,

that I last saw h[illegible] alive on Feb 8th, 1926,

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows: This man has been sick with chronic Cerebral Deformans for 4 yrs - with Arteria Sclerosis. On Feb 6th he was taken with what seemed to be Bronchitis with great difficulty in breathing which developed to a hypostatic Pneumonia with great exertion of heart -

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion from Heart Failure + Dilatation -

(duration) yrs. mos. 3 hrs da

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas H. Bubert, M. D.

, 19 (Address) 1100 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Feb 11 1926
20 UNDERTAKER Gorton Edson Fahey	ADDRESS 1727 Eastern ave

TION is very important. See instructions on

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 846 S. Sharp St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Lillian Hill

(a) Residence No. 846 S. Sharp St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 21, 1926

7-AGE, ...yrs. ....mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore. (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Hill

11-BIRTHPLACE OF FATHER (city or town) Unknown. (State or Country),

12-MAIDEN NAME OF MOTHER, Mary Delois Dorsey

13-BIRTHPLACE OF MOTHER (city or town) Calvert Co. (State or Country), Md

14- (Informant) Mary Delois Hill

(Address) 846 S. Sharp St.

15- Filed ..... 192.... Registrar. R.B.B.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 7, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 21, 1926, to Feb 7, 1926 that I last saw her alive on Feb 7, 1926 and that death occurred, on the date stated above, at 10 55 P.m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) ....yrs. ....mos. 17 ds.

CONTRIBUTORY (Secondary) Maternal syphilis Wassermann test Positive Dec 12, 1925

(Duration) ....yrs. ....mos. ....ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick C. Snyder, M. D.

Feb 7, 1926 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ..., 19....

20-UNDERTAKER. ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

FEB 9 1926

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06925

CERTIFICATE OF DEATH.

101-A-1925

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 St Joseph St St. 8-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Weaver

(a) RESIDENCE NO. 1629 St Joseph St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hod Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) 035

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kansas City Kans

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Victoria Watkins

(Address) 1629 St Joseph

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 30, 1926, that I last saw h[illegible] alive on Jan 29, 1926 and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Contributory Chronic Alcoholism

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) acute Alcoholism (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Clyde Burns, M. D.

1-30-26 (Address) 2017 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06926 E06926

CERTIFICATE OF DEATH.

66

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 123 S Dallas St. 3-2 Ward)

2-FULL NAME Benjamin Handy

(a) RESIDENCE NO. 123 S. Dallas St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General natnre of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Salt City

(State or country)

PARENTS

10 NAME OF FATHER Handy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant

(Address)

15 Filed_____, 19_____ RPA Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Hinton M. D.
(Coroner)

2/7 1926 (Address) 7006 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Commissioner of Health

OF DEATH in plain words. very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06927 181-001 E06927

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1125 E Lombard St., 3-1 Ward)

2-FULL NAME Mary Roberts

(a) RESIDENCE NO. 1125 E Lombard St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Roberts

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant .....

(Address)

15 Filed ..... 19 ..... RRH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxiation by Illuminating Gas

accident (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Crack in pipe leading to Gas stove (duration) ..... yrs. ..... mos. ..... ds.

(Signed) James Hamilton M. D.

(Coroner)

2 7, 1925 (Address) 7007 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER Commissioner Health. — ADDRESS

OF DEATH is plain letters very important. See instructions on back of certificate.

THE MORSUE

Dr. Wm. A. WORRALL

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

206928 66 ✓ 206928

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Sidewalk 501 Sapp St

City of BALTIMORE: (No._____ St., 5-2 Ward)

2-FULL NAME Lizzie Russell

(a) RESIDENCE NO. 1309 H. Alley St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
about 40				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 27

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Police Dept

(Address)

15 Filed_____ 19____ K R H Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31/20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Alcoholism & Exposure

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Jos Cole M. D.

(Coroner)

2/0/20 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER Commissioner Health. ADDRESS

OF DEATH in pencil, [illegible] very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E06929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 188-003

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Thompson

(a) RESIDENCE NO. Belair Md St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Police Dept

(Address)

15 Filed_____, 19_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31/20 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis & Pneumonia (Terminal)

(Lacerated Scalp wounds occiput, possibly struck by automobile on Jan 18/20) (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature], M. D.

(Coroner)

2/6/20 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Coroner Health

OF DEATH is public record, but information is very important. See instructions on back of certificate.

RPH

UNIVERSITY OF MARYLAND

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06930 66 E06930

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1013 E. Madison St St. 10-K Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warren Lewis

(a) RESIDENCE NO. 1013 E. Madison St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
About 40				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unknown

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) "

14 Informant Police Dept

(Address)

15 Filed_____, 19____ RRA Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) J an 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Failure

Alcoholism & Exposure

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)_____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Mc Caus, M. D.

(Coroner)

2/6/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Health

OF DEATH in plain language. very important. See instructions on back of certificate.

C. HAMPSON JONES, UNIVERSITY OF MARYLAND

MORGUE

Spec. 500-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

18349

E06931

101-001 E06931

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Maria Dieu

(a) RESIDENCE NO. Maple Ave Catonsville WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ? mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 9, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Anthony Dieu

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country)

12 MAIDEN NAME OF MOTHER Louise Marie

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

RRSS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 4th, 1925, to Feb. 9th, 1926, that I last saw her alive on Feb. 9th, 1926 and that death occurred, on the date stated above, at 8 00 a m

The CAUSE OF DEATH* was as follows:

Pneumonia, acute lobar

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Alexander J. Schaffer M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 11 1926

20 UNDERTAKER George L. Smith

ADDRESS 1551 Hollins

...TION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06982

CERTIFICATE OF DEATH.

129 E06982

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Arlington Ave St.) 18-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Benj Johnson

(a) RESIDENCE NO. 528 N. Arlington Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 3 mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Nettie Barry Johnson

6 DATE OF BIRTH (month, day, and year) Nov 28 - 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper (Accountant)

(b) General nature of industry, business, or establishment in which employed (or employer) Bookkeeping 008

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Geo Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Sophia V. Johnson, Wyand (Address) Monterey Va

15 Filed ....., 19 ..... Registrar

RFA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1926, to Feb 8 1926, that I last saw him alive on Feb 7 1926 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows: -

Influenza complicated by Lobar Pneumonia

(duration) ✓ yrs. ✓ mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis and arteriosclerosis over 7 ds.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No Physical Examination

What test confirmed diagnosis?

(Signed) Henry C. Fiske M. D.

Feb 9, 1926 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb 10 1926

20 UNDERTAKER George J. Smith — ADDRESS 1532 Hollins

CAUSE OF DEATH ... See instructions on back of certificate. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E06933

CERTIFICATE OF DEATH.

26-7 90

E06933

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) BALTIMORE CITY HOSPITALS St., ... (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Rose

(a) Residence No. Bay View St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6-DATE OF BIRTH (month, day and year): 1861

7-AGE. 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): (0)

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant) Baltimore City Hospitals Records

(Address).....

15-

Filed ..... 192.....

Registrar.

RRR

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 7, 1926

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 1924 to Feb. 7 1926

that I last saw h.er alive on Feb. 7 1926

and that death occurred, on the date stated above, at 3:15P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 8 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(Duration) ..... yrs. 4 mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

2/9 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL. 2/10 1926

20-UNDERTAKER. J. F. Shaughnessy

ADDRESS 1318 Eighty

Spec.—1-10-21—M&T—1500 Bks.

E06934

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E06934

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen'l Hosp't ST. 12-W WARD)

2-FULL NAME Audrey Jennings Pulaski

(a) RESIDENCE NO. 2136 S. Charles. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~, (write the word)
female	white	single

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~

6 DATE OF BIRTH (month, day, and year) March 6-25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
		11.	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER A. J. Pulaski

11 BIRTHPLACE OF FATHER (city or town) New York.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Simmons

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Mary Pulaski
(Address) 2136 S. Charles St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Feb 8, 1926, that I last saw h[illegible] alive on Feb 8, 1926, and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency -

(duration) 0 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia -

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? — at home) -

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James H Nelson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harp's Hampden DATE OF BURIAL 2/11 1926

20 UNDERTAKER J. J. Carey & Sons ADDRESS 1211 Light St

CHECK ACCURACY OF THIS TRANSCRIPTION. See instructions on back of Certificate.

Spec. 6-9-19 H. P. Co. 1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06935

CERTIFICATE OF DEATH.

REGISTERED NO. E06935

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 340 Dolphin ST.: 17-1 WARD)

2-FULL NAME Mary Jones

(a) RESIDENCE. NO. 340 Dolphin ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Jones Hindmann

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	-	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Wm Hutchins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER McKnown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Nettie Walls
(Address) 340 Dolphin ST

15 Filed . . . . . 19 . . . . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4 . 1926. to Feb. 6, . 1926
that I last saw her alive on Feb. 6 . 1926
and that death occurred, on the date stated above, at 5:30 a m.
The CAUSE OF DEATH* was as follows:

General Paralysis (duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical

(Signed) John H. Tompkins M. D
2/6, 1926 (Address) 1019 Dist Hillman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	2/10/ 1926
20 UNDERTAKER Kate R. Williams	ADDRESS 322 North Schroeder St

TION is very important. See instructions on back

2-6-1926 C. HARRISON JONES M.D.

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 006936

REGISTERED NO. 25-4 1926 E 006926

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 323 Patapsco ST. Westport WARD)

2-FULL NAME Roland Peter Fitzpatrick

(a) RESIDENCE. No. 323 Patapsco ST., Westport WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓ Check

6 DATE OF BIRTH (month, day, and year) 11 Feb 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Patrick Fitzpatrick

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto' Md

12 MAIDEN NAME OF MOTHER Annie King

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

14 Informant Annie King Fitzpatrick
(Address) 323 Patapsco St. Westport

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 Feb 1926

17 I HEREBY CERTIFY, That I attended deceased from 4th Feb. 1926. to 8 Feb. 1926.
that I last saw him alive on 7 Feb. 1926.
and that death occurred, on the date stated above, at 4:30 A.M.

The CAUSE OF DEATH* was as follows:
Broncho-Pneumonia
Primary
Nature complication
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Routine
(Signed) Caldwell Woodruff, M. D.
Feb 10 1926 (Address) Linthicum Hgts. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Feb 10 1926
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	231 Mt Ave Westport

CAUSE OF DEATH. See instructions on back of certificate. TION is very important.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

5065937

CERTIFICATE OF DEATH.

101-001

5065937

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St.; 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Eldred

(Residence in Baltimore: No. 2017 St. Paul St. St.; 20 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	widow

6-DATE OF BIRTH, ~~~~~, 1834 (Month) (Day) (Year)

7-AGE, 92 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Wisconsin

PARENTS.

10-NAME OF FATHER, Do not know

11-BIRTHPLACE OF FATHER (State or Country), Do not know

12-MAIDEN NAME OF MOTHER Do not know

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Isabel M. Gambl

(Address) 2017 St. Paul St

15-

Filed....., 191..... Registrar.

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1916, to Feb 8 1916, that I saw h[er] alive on Feb 7 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Coma Pneumonia

(Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Fd. H. Mackenzie M. D.

Feb 9 1916, (Address) 583 Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. 9 mos.....ds. In the State 20 yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ~~~~~

Former or usual residence 2017 St. Paul St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Feb. 9, 1916

20-UNDERTAKER Henry W. Means & Son

ADDRESS 805 N. Calvert St

CAUSE OF DEATH must be plainly written. See instructions on back of certificate.

Reg. 1926

Spec.—12-9-25—A Co.—200 Blks.

E06938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E06938

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3023 Montebello 1st Left Ward) 9-3

2-FULL NAME Mrs George C. Nast (Nan)

(a) RESIDENCE NO. 3023 Montebello 1st Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nina Mary Nast

6 DATE OF BIRTH (month, day, and year) 1857 July 24

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	68	6	23 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer 63

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. Press

(c) Name of employer Simon Dalsheimer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Henry Nast

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Helt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wife 3 Son 4 Daughter

(Address) 3023 Montebello 1st Ave

15 Filed ....., 19 .....

Registrar

NAB

OF DEATH in plain terms, so that it may be very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 7, 1926, to Feb 7, 1926,

that I last saw him alive on Feb 7, 1926,

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Paralysis)

(duration) ....yrs. ....mos. 6 hrs ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Geo C Zimmerman, M. D.

2/8, 1926 (Address) 2858 Sanford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Date of Burial Feb 10 1926

20 UNDERTAKER Wm J Pickerhaux ADDRESS Northern Pa

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06939

CERTIFICATE OF DEATH.

49 E06939

REGISTERED NO. .....

1-PLACE OF DEATH West Balto. General Hospital

CITY OF BALTIMORE: (No. Raynor Ave & Oakland St. 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Frank Kinnitz

(a) RESIDENCE NO. 805 Columbia Ave ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White.	~~Married~~ Single

5a If married, widowed, or divorced
(HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Mar. 16-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ..... min.
	57	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Frank Kinnitz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Fortman

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Geo. Kinnitz
(Address) 816 N. Bakre St

15 Filed ..... 19 ..... Registrar

CAUSE OF DEATH to plainly written. See instructions on back of certificate. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8. 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 2. 1926. to Feb 8. 1926.

that I last saw him alive on Feb. 8. 1926.

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Hypernephroma of Right Kidney.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Tranition.

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb. 11 1926

20 UNDERTAKER W. F. Tuckert & Sons

ADDRESS N. Ave Pa

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F06940 90 F06940

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3614 Fairview Ave ST.) 15-4 WARD)

2-FULL NAME Joel Moores

(a) RESIDENCE NO. 3614 Fairview Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Rebecca Moores

6 DATE OF BIRTH (month, day, and year) Dec 25 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Manufacturer

(c) Name of employer

9 BIRTHPLACE (city or town) Cincinnati

(State or country) Ohio

PARENTS

10 NAME OF FATHER Joel Moores

11 BIRTHPLACE OF FATHER (city or town) Newark

(State or country) N.J.

12 MAIDEN NAME OF MOTHER Sarah N Smith

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mrs Grace M. McGuire

(Address) 3614 Fairview Ave.

15 Filed ....., 19 ..... Registrar

RPW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1926, to July 8, 1926, that I last saw him alive on July 8, 1926 and that death occurred, on the date stated above, at 9 45 a m.

The CAUSE OF DEATH* was as follows:

Heart Block

about

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno Delany Thomas M. D.

2/9, 1926 (Address) 830 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery DATE OF BURIAL Feb 10 1926

20 UNDERTAKER Wm J Tickner & Sons ADDRESS North Ave

CAUSE OF DEATH in plain terms, and state if from ACCIDENT, SUICIDE or HOMICIDE. See instructions on back of certificates. TION is very important.

FEB 9 1926 C. HAMPSON JONES, M. D.

Per .....

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06941

CERTIFICATE OF DEATH

135 E06941

1-PLACE OF DEATH St Josephs Hospital
Caroline & Oliver Sts

CITY OF BALTIMORE: (No. ..... ST., 6-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph mc Loughlin

(a) RESIDENCE No. 1231 N. Broadway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	73 Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur for Taxi

(b) General nature of industry, business, or establishment in which employed (or employer) Cab Co

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs Luther
(Address) 1231 N. Broadway

15 Filed ..... , 19 ..... Registrar

RRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/26 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/30/26, 1926, to 2/8/26, 1926, that I last saw h/ alive on 2/5/26, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Dementia Hysterica
of Insidious

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Acute cardiac dilation

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H R McConnell, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Feb 11 1926

20 UNDERTAKER Henry Lutz ADDRESS 1203 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be understood. TION is very important. See instructions on back of certificates.

39-1926 C. THOMSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E06942 100-001 E06942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2666 Wilkens Ave ST. W-6 WARD)

2-FULL NAME Eleanor Keller

(a) RESIDENCE NO. 2666 Wilkens Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 8 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John H. Keller

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Etta Butler

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Pennsylvania

14 Informant John H. Keller
(Address) 2666 Wilkens Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8- 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/4- 1926 to 2/8- 1926

that I last saw h w alive on 2/8 1926

and that death occurred, on the date stated above, at 1130 p m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (coma)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas U Carter, M. D.

2/9 1926 (Address) 2105 N Bolto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 2-11-1926

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hollins st

RTH

See instructions on back of ... TION is very important.

Cor.—1-12-28—M&T—100 Blks.

E06943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06943

CERTIFICATE OF DEATH.

REGISTERED NO. 74

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2914 Brighton ST. 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Hatherton

(a) RESIDENCE NO. 2914 Brighton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Late E. G. Hatherton

6 DATE OF BIRTH (month, day, and year) about 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 81				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) California
(State or country)

PARENTS

10 NAME OF FATHER Dr James L Stokes

11 BIRTHPLACE OF FATHER (city or town) England
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant (Address) Mrs Mary B Thelley 2914 Brighton st

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2 Paralysis (duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) 2 yrs. ... mos. 6 ds.

(Signed) H. G. Hatch, M. D.
(Coroner)
Feb 8 192 (Address) 243 N Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means And Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb 10 1926

20 UNDERTAKER Jos Joerdens & Son

ADDRESS 217 S. Paca st

TION is very important. See instructions.

1926 C. HAMILTON JONES, M.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06944

CERTIFICATE OF DEATH.

129 E06944

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1703 N. Chapel St., 8-2 Ward)

2-FULL NAME Mrs. Benjamin Leddon

(a) RESIDENCE NO. 1703 N Chapel St. 20 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

3a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or WIFE of) Ida Leddon

6 DATE OF BIRTH (month, day, and year) Feb. 23 1854

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	71	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Fruit Packing

(c) Name of employer Southern Packing Co.

9 BIRTHPLACE (city or town) Westmoreland Co.

(State or country) Va.

PARENTS

10 NAME OF FATHER Benjamin Leddon

11 BIRTHPLACE OF FATHER (city or town) Alexandria

(State or country) Va.

12 MAIDEN NAME OF MOTHER Margaret S. Coates

13 BIRTHPLACE OF MOTHER (city or town) Westmoreland

(State or country) Va.

14 Informant Irving Leddon

(Address) 1703 N Chapel St

15 Filed ....., 19 .....

R.K.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7th 1926.

17

I HEREBY CERTIFY That I attended deceased from Dec 30, 1925, to Feb 7, 1926, that I last saw h~~im~~alive on Feb 6, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Paralysis)

(duration) ....yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 4 yrs. ....mos. ....ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Geo. L. Zimmerman M. D.

2/8 1926 (Address) 2858 Hanford Rd,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial Feb. 9 1926

20 UNDERTAKER J. Hughes & Son ADDRESS 1414 W. Baltimore

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E06945

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-0 E06945

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Pierce ST. 18-1 WARD)

2-FULL NAME Amelia Jones

(a) RESIDENCE No. 916 Pierce ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Jones

6 DATE OF BIRTH (month, day, and year) September 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED H.W.

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Md
(State or country)

PARENTS

10 NAME OF FATHER Dennis Howard

11 BIRTHPLACE OF FATHER (city or town) ..... Md
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Parker

13 BIRTHPLACE OF MOTHER (city or town) ..... Md
(State or country)

14 Informant Chas. Bailey
(Address) 916 Pierce St.

15 Filed ....., 19..... Registrar

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Feb 7, 1926, that I last saw her alive on Feb 6 1926, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J R Casey M. D.

Feb 8, 1926 (Address) 753 Druid Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Elm

DATE OF BURIAL Feb 10 1926

20 UNDERTAKER Sam W. Chase & Son

ADDRESS 1402 Madison

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06946

CERTIFICATE OF DEATH.

90 E06946

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 2216 Penna Ave ST. 15-13 WARD)

2-FULL NAME Blanche Anderson Johnson

(a) RESIDENCE NO. 2216 Penna Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 Life 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced (or) WIFE of Howard Johnson

6 DATE OF BIRTH (month, day, and year) June 8, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	37	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Watty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Camilla Caraway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Viola M. Cleary
(Address) 2216 Pennsylvania Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 6, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1925, to Feby 6, 1926, that I last saw h[illegible] alive on Feby 6, 1926, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) (duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. S. Fowler, M. D.

(Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr Rhodes

DATE OF BURIAL Feb 10 1926

20 UNDERTAKER Sam W Chase & Son

ADDRESS 4051 Main

CAUSE OF DEATH in plain terms, so that it may be understood by the laymen. See instructions on back of certificates. TION is very important.

C. HAMPSON JONES, M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06947 E06947

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: No. Mid Hosp ST., 10-2 WARD)

2-FULL NAME Millard F. Chenowerth

(a) RESIDENCE NO. 815 Forest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Caroline

6 DATE OF BIRTH (month, day, and year) Dec-25-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	1	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baynesville Md

PARENTS

10 NAME OF FATHER Thos Chenworth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Providence Balto Co Edith Chenworth

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1922

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 6 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) J. C. Wades, M. D.
(Coroner.)
Feb 8, 1922 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Providence MD Balto Co

DATE OF BURIAL 2/11 1922

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

TION is very important. See instructions on back of ...

Doyle

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06948 — CERTIFICATE OF DEATH. — 57 E06948

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S. Payson St., 20-4 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James J Doyle

(a) RESIDENCE NO. 318 S. Payson ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 3 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission Brains

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Patrick Doyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliz Roche

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Anthony Seubott
(Address) 318 S Payson St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 3 1926 to Feby 9 1926
that I last saw him alive on Feby 8 1926
and that death occurred, on the date stated above, at 6 06 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

2/9 1926 (Address) 108 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL. 2-12 1926

20 UNDERTAKER James Dignan & Son — ADDRESS 1006 E Pleasant St

CAUSE OF DEATH in plain terms, so that it may be classified for statistical purposes. See instructions on back of certificates.

C. HAMILTON JONES, M.D.

Spec. 1 10 21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06949

CERTIFICATE OF DEATH.

E06949

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 Edgewood ST., 16 WARD)

2-FULL NAME Edward A Bopp, Jr.

(a) RESIDENCE No. 625 Edgewood ST., 16 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 29 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10-1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	2	4	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Edward A. Bopp

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Cora M. Coggins

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Mrs E A Bopp

(Address) 625 Edgewood Av

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1926, to Feb 9, 1926.

that I last saw h[illegible] alive on Feb 9, 1926

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 8 Ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) W. A Knell, M. D.

2/11, 1926 (Address) 4207 Frederick

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL 2-10 1926

20 UNDERTAKER E H Bharde — ADDRESS 1158 E Monument

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. TION is very important.

2-9-1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06950 × 90 E06950

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 13 E. Franklin (St.) 4-3 (WARD)

2-FULL NAME Robert McCurdy Dicks

(a) RESIDENCE NO. 13 E. Franklin ST., WARD Lynchburg Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Dicks

6 DATE OF BIRTH (month, day, and year) Apr. 1 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Feed & Grain Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Hampton Va.
(State or country)

PARENTS

10 NAME OF FATHER ? Dicks

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Lydia McCurdy

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Mrs. Elizabeth Dicks
(Address) 13 E. Franklin St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1926, to Feb. 9, 1926, that I last saw him alive on Feb 8, 1926, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

7 (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Cinatus F. Robinson, M. D.

2/9. 1926 (Address) 836 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lynchburg Va — DATE OF BURIAL Feb. 10 1926

20 UNDERTAKER Wm J. Fletcher Sons — ADDRESS North & Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

C. HARRISON JONES, M. D.

E06951

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. C 101

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 Foster ave. ST.: ..... WARD) 1-2

2-FULL NAME Leslie Robert Meyer.

(Residence in Baltimore: No. 2411 Foster ave St.; ..... yrs. ..... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: Jan 18 (Month) (Day), 1926 (Year)

7-AGE: ..... yrs. 0 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John H Meyer's

11-BIRTHPLACE OF FATHER (State or country): Baltimore md

12-MAIDEN NAME OF MOTHER: Mary J Shanton

13-BIRTHPLACE OF MOTHER (State or country): Madison md Dorchester County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) mr John H Meyer's

(Address) 2411 Foster ave

15-

Filed ....., 191 .....

C. HAMPSON JONES, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 8th (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7th, 1926, to Feb 8th 1926, that I saw h--- alive on Feb 8th 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) W. J. Faulkner M. D.

2/8th 1926 [Address] 119 n wolfe

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel cem

DATE OF BURIAL: Feb 10, 1926

20-UNDERTAKER: John M Webb

ADDRESS: 1803 Bank st

R. 2.—Every item of information must be given in plain terms, so that it may be properly classified. Exact statement of occupation, and state CAUSE OF DEATH

Spec.—1-10-21—M&T—1500 Bks.

E06952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E06952

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 Fleet Street ST., 2-1 WARD)

2-FULL NAME Joseph. Wojtowicz

(a) RESIDENCE NO. 1826 Fleet Street ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13. yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 13 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Teresa Wojtowicz

6 DATE OF BIRTH (month, day, and year) April 1 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Henry . Wojtowicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Teresa. Wojtowicz

(Address) 1826 . Fleet Street

15 Filed ....., 19..... Registrar

ARN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7; 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/15, 1925, to 2/7, 1926.

that I last saw h[e] alive on 2/4, 1926.

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Samuel Steinberg, M. D.

, 19 2 (Address) 502 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. DATE OF BURIAL Feb 10 1926

20 UNDERTAKER John Weber ADDRESS 1803 Bank

INFORMATION SHOULD BE GIVEN BY PERSON BEST ACQUAINTED WITH FACTS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

89-1926 C. HAMPSON LEWIS, M.D.

Spec.—1-10-21—M&T—1500 Blks.

E06953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06953

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 7-1 WARD)

2-FULL NAME Lucile Nichols.

(a) RESIDENCE NO. 1425 E. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 14, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Cleveland, Ohio (State or country)

PARENTS

10 NAME OF FATHER Wm. Nichols.

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Vera Nichols

13 BIRTHPLACE OF MOTHER (city or town) Ohio (State or country)

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6 , 1926 , to Feb 9 , 1926 .

that I last saw him alive on Feb 9 , 1926 .

and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Benign. Glioma Rt. Cerebral.

(duration) yrs. 4 mos 7 ds.

CONTRIBUTORY (Secondary) Meningitis Pneumococcus.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes. Date of Feb. 6. 1926

Was there an autopsy? yes.

What test confirmed diagnosis? Operation Autopsy

(Signed) J. Dart M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cleveland ohio — DATE OF BURIAL 2/9/26

20 UNDERTAKER Joseph Ahrens — ADDRESS 22 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06954

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Marshall St. 23-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen M. Kroth

(a) RESIDENCE NO. 1706 Marshall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 21 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John Kroth

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Bertha Herbert

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)

14 Informant John Kroth (Address) 1706 Marshall St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926, to Feb 9, 1926, that I last saw h alive on Feb 9, 1926, and that death occurred, on the date stated above, at 6 18 P m.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. H. Campbell M. D.

Feb 9, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 2-10 1926

20 UNDERTAKER E & B Harlan

ADDRESS 115 E Hoffman St

IMPORTANT—Should be filled out in ink, in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

9 - 1926 C. HUMPSON JONES, M. D.

Cor.—1-12-23—M&T—100 Blks.

E06955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06955

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Braddish Ave ST., A5-9 WARD)

2-FULL NAME Eldridge T Courcey

(a) RESIDENCE NO. 1811 Braddish Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 4, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	10	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Denton Md
(State or country)

PARENTS

10 NAME OF FATHER Ralph H Courcey

11 BIRTHPLACE OF FATHER (city or town) Denton Md
(State or country)

12 MAIDEN NAME OF MOTHER Edna M Wright

13 BIRTHPLACE OF MOTHER (city or town) Denton Md
(State or country)

14 Informant Edna M Courcey
(Address) 1811 Braddish Ave

15 Filed ..... 192 ..... Registrar

CAUSE OF DEATH must be given. See instructions on back of certificate. TION is very important.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1923

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon; and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Bronchitis Bronchopneumonia

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) ... yrs. ... mos. 1 ds.

(Signed) H E Slade, M. D.
(Coroner.)

Feb 6, 192 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Denton Md DATE OF BURIAL Feb 10 1923

20 UNDERTAKER Wm H Cook ADDRESS 502 E Baltimore

RFW

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06956 — 101-001 — E06956

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1443 Towson ST. 24-3 WARD)

2-FULL NAME Mary Patricia Ellis

(a) RESIDENCE NO. 1443 Towson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	17	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer): J 009

(c) Name of employer: N.F. & S. Co.

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Patrick Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Katherine M. Logan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Patrick Ellis

(Address): 1443 Towson St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1926, to Feb. 7, 1926

that I last saw her alive on Feb 7, 1926

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Both Lungs)

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs & Symptoms

(Signed) J. Edward Norris, M. D.

2.8.26 19 (Address) 107 East West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: Feb 10 1926

UNDERTAKER: Margaret J. Flynn

ADDRESS: 1422 Eight St.

mation should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06957 — CERTIFICATE OF DEATH. — 127-001 E06957

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1955 W Lexington ST. 70-5 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hunnicks

(a) RESIDENCE No. 1955 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laura M. Hunnicks

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	66.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 10

(b) General nature of industry, business, or establishment in which employed (or employer) 05

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md

PARENTS

10 NAME OF FATHER Saml. T. Hunnicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Mattie Frances
(Address) 1955 W Lexington St.

15 Filed ..... , 19 ..... Registrar RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 19 , to , 19 .

that I last saw h... alive on , 19 .

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (coma)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Spring Forest Hill

DATE OF BURIAL Feb 11 1926.

20 UNDERTAKER Wm Cook

ADDRESS 502 E Wall

mation should be carefully supplied. Exact statement of occupa-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E06958

CERTIFICATE OF DEATH.

E06958

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 360 Norwood ave ST. 28-6 WARD)

2-FULL NAME Stephen Harvey Bennett

(a) RESIDENCE NO. 3604 Norwood ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Tyson Bennett

6 DATE OF BIRTH (month, day, and year) June 13 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Interstate C. C. Noticeville

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Langston B. Bennett

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Cornelia Hardy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Illinois

14 Informant Tayloure M. Bennett
(Address) 118 Wickham Ave. Baltimore

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1926, to Feb 7, 1926.

that I last saw h... alive on Feb 4, 1926

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Gastrointestinal Complication

(duration) ... yrs. ... mos. 11 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Hampson Jones, M. D.

, 19 (Address) 200 Park Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL Feb 11 1926

20 UNDERTAKER Wm. Cook — ADDRESS 502 E North Ave

H. HAMPSON JONES, M. D.

B 10 1926

mation should be carefully supplied. Exact statement of occupa-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E06959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 E06959

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. David Hill Park St. 15-12 WARD)

2-FULL NAME John L. Slade

(a) RESIDENCE NO. 2007 Westwood ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alice In Slade

6 DATE OF BIRTH (month, day, and year) Sept 30. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	4	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer Co Assurance
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balt
(State or country) Md

PARENTS

10 NAME OF FATHER James S. Slade

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Beyer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Alice In Slade
(Address) 2007 Westwood ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows: Gun Shot Through Head Suicide

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Mossner, M. D.
(Coroner.)
Feb 9, 192 6 (Address) 1622 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Feb 10 1926

20 UNDERTAKER William Cook — ADDRESS 522 North Gay

C. HAMPSON JONES, M.

FEB 10 1926

Spec. 1-10-21—M&T—1500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06960 E06960

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 Philadelphia St. WARD 26-3)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olene I Inc Clasbey

(a) RESIDENCE NO. 3908 Philadelphia St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W. Mulatto

5 Single, Married, Widowed, or Divorced, (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21-1925

7 AGE: Years | Months: 8 | Days: 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER Charles E. Mc Clasbey

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md. (State or country)

12 MAIDEN NAME OF MOTHER Jenere Dobson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md. (State or country)

14 Informant Charles E. Mc Clasbey (Address) 3908 Philadelphia St.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8th 1926

17 I HEREBY CERTIFY That I attended deceased from Feb 1— 1926 to Feb 8— 1926 that I last saw h[illegible] alive on Feb 8— 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Louis Volpe M.D.

Feb 9th 1926 (Address) 2604 E. Monument Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hot Carmel Cemetery | DATE OF BURIAL: Feb 10 1926

20 UNDERTAKER: Geo C. Hillebrand Son | ADDRESS: 2334 Ave

mation should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 10 1926 C. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06961 101-001 E06961

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 410 N. Fradeira ST. 6-2 WARD)

2-FULL NAME Mary Buddenbohn

(a) RESIDENCE NO. 410 N. Fradeira ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of William Buddenbohn

6 DATE OF BIRTH (month, day, and year) May 22/1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Charles Heim

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant E. Emer Buddenbohn
(Address) 410 N. Fradeira St

15 Filed ....., 19 ..... Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1926, to Feb 8, 1926,

that I last saw h.. alive on Feb 8, 1926,

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Left

(duration) ..... yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia
(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas C Hampson Jones, M. D.

2-9, 1926 (Address) 918 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: Feb 11 1926

20 UNDERTAKER: Jas E. Milleson Son — ADDRESS: 2334 Eut

mation should be carefully supplied. AGE should be given in such terms as will be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E6962

HEALTH DEPARTMENT—CITY OF BALTIMORE

74001

E06962

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at 20-5 Registered No. C.....

City of BALTIMORE: (No. Franklin Sq. Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Hickman

(Residence in Baltimore: No. 1930 W. Fairmount ave St.; yrs. seven mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Married

6-DATE OF BIRTH.

..... 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
49 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 03

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Va

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah E. Hickman

(Address) 1603 Harlem ave

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7th

..... (Month) (Day) 192.6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

at once

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) Thos. R. Norton M. D.
(Coroner.)

Feb 8 1926 (Address) Catons Lane

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Natural Cause

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	Feb 10 1926

20-UNDERTAKER.	ADDRESS.
Wm F. Porter	65 S. Fulton ave

FEB 9 1926 C. HAMPSON JONES, M. D.

N. B.—Every item of information should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. state CAUSE OF DEATH in plain terms, so that it may be

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06963 — 199 E06963

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mut Hop- ST., H-1 WARD)

2-FULL NAME Florence Skinner

(a) RESIDENCE NO. 716 Raborg ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 07D
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Robert Skinner

11 BIRTHPLACE OF FATHER (city or town) Raleigh
(State or country) north Carolina

12 MAIDEN NAME OF MOTHER Mary Roberts

13 BIRTHPLACE OF MOTHER (city or town) Raleigh
(State or country) north carolina

14 Informant Joanna Sawyer
(Address) 716 Raborg st.

15 Filed ..... , 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) and that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

Burns

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.
(Coroner)

Feb 9 , 192 (Address) 145 Mt Berry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Furnace Branch Cem. — DATE OF BURIAL Feb 10 1926

20 UNDERTAKER Leonard Wheeler, 708 — ADDRESS Milton

CAUSE OF DEATH in plain terms, so that it may be understood by a layman. Statement of "Heart Failure," "Exhaustion," "Old Age," etc., is insufficient. See instructions on back of certificate.

TION is very important.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06964

CERTIFICATE OF DEATH.

X 117

E06964

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 25-2 WARD)

2-FULL NAME Mrs ~~Thomas~~ Mildred E. Talbott

(a) RESIDENCE NO. 108 Kolb Ave. ST., Cowden WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua W. Talbott

6 DATE OF BIRTH (month, day, and year) Sept. 8, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Geo. MacBoone.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co. Md.

12 MAIDEN NAME OF MOTHER Catherine A. Humphries

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Husband—Joshua W Talbott (Address) 108 Kolb Ave

15 Filed ....., 19 ..... Registrar K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-3, 1926, to 2-9, 1926, that I last saw her alive on 2-9, 1926, and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

Chronic salpingitis (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Emil Novak M. D.

19 (Address) 26 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery. DATE OF BURIAL Feb. 12 1926

20 UNDERTAKER Robt T. Turner, Inc. ADDRESS 1942 N Broadway.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

C. HARRISON JONES, M. D.

FEB 10 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E06965

CERTIFICATE OF DEATH.

REGISTERED NO. E06965

1-PLACE OF DEATH CITY OF BALTIMORE: (No. 934 Garner ST. 21-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Parron

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Black 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 27 1926

7 AGE Years ..... Months ..... Days ..... If LESS than 1 day, 18 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... ND

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Md.

PARENTS

10 NAME OF FATHER Ernest Simms

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Parron

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md.

14 Informant W. E. Sisson (Address) Johns Hopkins Hospital.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1926, to Jan. 28, 1926, that I last saw her alive on Jan. 28, 1926, and that death occurred, on the date stated above, at 8 20 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease cntracted if not at place of death? .....

Did an operation precede death? ND Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) W. E. Sisson, M. D.

....., 19 ..... (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL .....

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS .....

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06966

CERTIFICATE OF DEATH.

E06966

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 720 Harford ave ST., 10-2 WARD)

2-FULL NAME Baby Brown

REGISTERED NO. 161-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Black | 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 25, 1926

7 AGE: Years | Months | Days: One Hour | If LESS than 1 day, 1 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... NN

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) U. S.

PARENTS

10 NAME OF FATHER Edward Brown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md.

12 MAIDEN NAME OF MOTHER Stella Schauer

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) U.S.

14 Informant W E Swan
(Address) Johns Hopkins Hospital.

15 Filed ..., 19 ..... Registrar KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Jan 25, 1926,
that I last saw him alive on Jan. 25, 1926,
and that death occurred, on the date stated above, at 3:30 p. m.
The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W E Swan, M. D.
, 19 (Address) JOHNS HOPKINS HOSPITAL

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS .....

mation should be carefully supplied. Age should be stated. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06967

CERTIFICATE OF DEATH.

31 E06967

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 22-1 St., etc.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Stewart

(a) RESIDENCE NO. 611 Barre st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Fannie Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed ....., 19 ..... Registrar KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1925, to Feb. 9, 1926, that I last saw him alive on Feb. 9, 1926, and that death occurred, on the date stated above, at 4.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. H. McLane M. D.

2-9-26 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Alexandria Va	Feb 11 1926
20 UNDERTAKER	ADDRESS
H. T. Fletcher & Son	Norfolk Va

mation should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMPSON JONES M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06968

CERTIFICATE OF DEATH.

90 E06968

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N. Collington ave ST., 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm A. Lehmann

(a) RESIDENCE No. 611 N Collington ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Exact statement of OCCUPATION should be carefully supplied. Also showing whether employer. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fredericka W. Lehmann

6 DATE OF BIRTH (month, day, and year): June 9 1847.

7 AGE: Years 78 Months 7 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Harness 088

(b) General nature of industry, business, or establishment in which employed (or employer): maker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Fredericka W. Lehmann (Address) 611 N. Collington ave.

15 Filed ..... 19 ..... Registrar

FEB 10 1926

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1926 to Jan 8 1926

that I last saw h alive on Jan 8 1926

and that death occurred, on the date stated above, at 3:35 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J Brownell M. D.

Jan 28 1926 (Address) 801 N Linwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Mem.

DATE OF BURIAL: Feb 10 1926

20 UNDERTAKER: Philip Herwig

ADDRESS 206 Orleans st

Spec.—1-10-21—M&T—1500 Bks.

E06969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1926 No. 5718. E06969

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Maryland General Hospital ST., WARD Balto and

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Benny

(a) RESIDENCE No. 3420 E Lombard St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) July 21 1870

7 AGE Years 55 Months 5 Days 18 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) H. W. 0 97

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Austin O'Spurstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliza Wendell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Patient.

(Address)

15 Filed , 19 R.L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1926, to Feb 8, 1926, that I last saw her alive on Feb 8, 1926, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Umbilical Hernia - 16 yrs.

Encarcerated (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of Feb 7-26

Was there an autopsy? no

What test confirmed diagnosis? Operative clinical.

(Signed) D. Williams M. D.

, 19 (Address) Mayland General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 2/11 1926

20 UNDERTAKER Philip Henry

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

FEB 10 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06970

CERTIFICATE OF DEATH.

X 101-001

E06970

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hospital ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Robert Boyd

(a) RESIDENCE No. Pikesville Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): July 29-1888

7 AGE: Years 37 Months 6 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farming

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: William Boyd.

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Katherine Brenkle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Deceased (Address)

15 Filed ....., 19.... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 8 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1926, to Feb. 8, 1926, that I last saw h/z alive on Feb 8, 1926, and that death occurred, on the date stated above, at 10.50 P m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Empyema, Pericarditis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Laboratory.

(Signed) Kent C. Hammond, M. D.

, 19 (Address) Md. Gen Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frank Chapel — DATE OF BURIAL: 2/11 1926

20 UNDERTAKER: Frank H. Newell — ADDRESS: Pikesville

BEFORE SIGNING be careful to read carefully duplicate. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

FEB 13 1926 C. HARRISON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06971

CERTIFICATE OF DEATH.

90 E06971

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 115 Wisquetta
CITY OF BALTIMORE: (No. Hebrew Aged Home ST. 16th WARD)

2-FULL NAME Shana S. Feinstein

(a) RESIDENCE NO. 1900 Mosher St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 23 yrs. ... mos. ... ds.

Exact statement of OCCUPATION should be carefully supplied. Note that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosen Feinstein

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 79 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: old age
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Russia
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Mrs. Feinstein
(Address) 1900 Mosher St

15 Filed ..., 19... Registrar

FEB 10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/10 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1926, to Feb. 8th, 1926,
that I last saw her alive on Feb. 8th, 1926,
and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage

(duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) ? yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Snyder, M. D.
, 19 (Address) 1634 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL 2/12 19 26

20 UNDERTAKER: Jack Levis — ADDRESS 1439 E Balto St

Spec. 1953 M&T 1500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1887 E06972 -001

CERTIFICATE OF DEATH.

100 E06972

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 24-1

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Margaret Mouth

(a) RESIDENCE No. 1223 William ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Exact statement of OCCUPATION is very important. See instructions on back of certificates.

mation should be carefully supplied. Also answer the items below. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 9 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
		2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child - fmd

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Md -
(State or country)

PARENTS

10 NAME OF FATHER Vincent Mouth

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Rose Amigo

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 4th, 1926, to Feb. 8th, 1926.

that I last saw h[illegible] alive on Feb. 8th, 1926,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A. W. Sauer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Brooklyn — DATE OF BURIAL Feb 11- 1926

20 UNDERTAKER F.C. Krauser Son — ADDRESS 703 Hanover

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06973

CERTIFICATE OF DEATH.

101-001

E06973

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Johnson

(a) RESIDENCE NO. 234 Colvin St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Aug 2/25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Nume of employer

9 BIRTHPLACE (city or town)

(State or country) Albermarle Va

PARENTS

10 NAME OF FATHER Hunter Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Wille Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Moses Johnson

(Address) ~~1109~~ E. Monument

15 Filed _____ 19____ RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Autopsy at Hopkin)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBITORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Price M. D.

(Coroner)

2/9/26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Albermarle Va 2/10 1926

Date of Burial

20 UNDERTAKER Byron Wright ADDRESS 1218 McElderry St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

(Rumely)

E06974

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06974

CERTIFICATE OF DEATH.

76-7 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 S. 17 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margareta Rumely

(a) RESIDENCE NO. 508 S. 17 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: Mathias Rumely

6 DATE OF BIRTH (month, day, and year): Nov. 8. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: (none) 037

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Austria - Hungary

PARENTS

10 NAME OF FATHER: Karl Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria - Hungary

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria - Hungary

14 Informant: Mathias Rumely

(Address): 508 S. 17 to 2

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. ....., 19 25, to Feb. 8, 19 26.

that I last saw her alive on Feb. 7, 19 26,

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart

(Mutation) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) H. F. Kurz, M. D.

2-7, 19 26 (Address) 516 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: Feb 11 1926

20 UNDERTAKER: Lilly & Zile ADDRESS: 403 S. Wolfe St

mation should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec—12-23-21—E.B.R.S.—400 Blks.

E06975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E06975

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 203-20 1/2 St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Howard Daymon

(a) Residence No. 203-20 1/2 St., Ward.....

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jeannette Daymon

6-DATE OF BIRTH (month, day and year) March 27, 1900

7-AGE. 25 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Operator Sweater

(b) General nature of industry, business, or establishment in which employed (or employer). Wynne Pure Knit

(c) Name of employer. Mr. Palmer 009

9-BIRTHPLACE (city or town)..Baltimore (State or Country).

PARENTS.

10-NAME OF FATHER, Charles H Daymon

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), County

12-MAIDEN NAME OF MOTHER, Sarah E Myers

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Co

14- (Informant)..Sarah E. Daymon

(Address)..203-20 1/2 St.

15-

Filed....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 7, 1926

17- I HEREBY CERTIFY, That I attended deceased from December 26, 1925 to Feb 7, 1926

that I last saw h.. alive on Feb 6, 1926

and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Sputum

(Signed). W. H. Wright M. D.

(Address) 1209 Parkston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. National Cem DATE OF BURIAL. 2/10, 19 26

20-UNDERTAKER. Samuel J Brusley ADDRESS 578 Ed

Should be carefully prepared in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06976

CERTIFICATE OF DEATH.

57 E06976

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 25-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victoria Matuszewski

(a) RESIDENCE NO. Maple St (Church to Curtis Bay) WARD Roland Terrace.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mike Matuszewski

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Patient.
(Address)

15 Filed ....., 19 .... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1926, to Feb 8, 1926, that I last saw her alive on Feb 8, 1926, and that death occurred, on the date stated above, at 11.25 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Anna M. Flinn, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem DATE OF BURIAL Feb 11 19 26

20 UNDERTAKER Jacob Fiellkowski ADDRESS 1128 S. Conkling St

mation should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M.D.

FEB 10 1926

Spec.—1-10-21—MAT—1500 Blks.

E06977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E06977

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Crisp ST. 134 WARD)

2-FULL NAME Hazel M Hare

(a) RESIDENCE 706 Crisp St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 30 1925

7 AGE: Years 8 Months 10 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: George W Hare

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Helen Fanwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: George W Hare

(Address): ~~706 Crisp St~~

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6 . 1926 . to Feb 9 . 1926 .

that I last saw her alive on Feb 9 . 1926 .

and that death occurred, on the date stated above, at 9.00 p.m.

The CAUSE OF DEATH* was as follows:

1 Pneumonia

2 Bronchitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) measles

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Morrison, M. D.

2/9, 1926 (Address) 3692 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Feb 10 1926

20 UNDERTAKER: Chesslowell & Son — ADDRESS: 3617 Chestnut Ave

. nation should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F06978

CERTIFICATE OF DEATH.

90 E06978

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city Hospitals St. 21 WARD)

2-FULL NAME Fannie Zahn

(a) RESIDENCE NO. 203 S. Register st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Sayers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Miranda Elijah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1926, to Feb. 8, 1926, that I last saw h.er alive on Feb. 8, 1926, and that death occurred, on the date stated above, at 11.45 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. Sy. Spack, M. D.

2-9-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery — DATE OF BURIAL Feb 11 1926

20 UNDERTAKER Johnnah Carbaugh — ADDRESS Baquith st

FEB 13 1926 C. HAMILTON LANE, M.D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06979

CERTIFICATE OF DEATH.

90 E06979

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital ST. 4-2 WARD)

2-FULL NAME John F. Nash.

(a) RESIDENCE NO. 1421 Madison Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

mation should be carefully supplied. AGE should be stated EXACTLY. If unknown CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 22, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	4	12 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Orderly in Hospital

(b) General nature of industry, business, or establishment in which employed (or employer) 686

(c) Name of employer Md. Gen. Hospital.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Henry H Nash

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Warfield

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mary N. De Mina

(Address) 827 Pine Street

15 Filed ....., 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1926, to Feb 8, 1926,

that I last saw h[illegible] alive on Feb. 8, 1926,

and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Bacterial Endocarditis and Myocarditis, with Cardiac decompensation.

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Kenneth C. Hammond, M. D.

, 19 (Address) Md. Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

UNDERTAKER Jno. M. Johnson

DATE OF BURIAL Feb. 11" 1926

ADDRESS 1214 Ellin St.

Spec.—1-10-21—M&T—1500 Bks.

E06980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 199 E06980

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 7-1 WARD)

2-FULL NAME Sarah Gaither

(a) RESIDENCE NO. Beltsville Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus Gaither

6 DATE OF BIRTH (month, day, and year) Nov. 18, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	30	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Harry Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant W. E. Sisson
(Address) Johns Hopkins Hospital.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1926, to Feb. 9, 1926, that I last saw her alive on Feb. 9, 1926, and that death occurred, on the date stated above, at 2 00 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis, General

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) W. E. Sisson M. D.

....., 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md Interment

DATE OF BURIAL 2/12/26

20 UNDERTAKER Geo. E. French

ADDRESS Laurel Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E06981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E06981

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 865 Pierce St. (ST.) 17-3 (WARD)

2-FULL NAME Margaret Lee Woodall

(a) RESIDENCE NO. 865 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	C	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 17 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Wm Lee

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country)

12 MAIDEN NAME OF MOTHER Katherine Clark

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Katherine Lee
(Address) 865 Pierce st

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Enteritis

1 (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. G. Elliott, M. D.
(Coroner.)
Feb 9, 192 (Address) 1437 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Feb. 11 1926

20 UNDERTAKER Mrs. R.G. Elliott — ADDRESS 1732 Eastland ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of occupation is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06982

CERTIFICATE OF DEATH.

49 E06982

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401-Madison-Av. ST. 14-W WARD)

2-FULL NAME John William Snyder

(a) RESIDENCE NO. 1401-Madison-Av. ST., ... WARD (Resident)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 77 yrs. 1 mos. 23 ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Norfolk Snyder

6 DATE OF BIRTH (month, day, and year) Dec-18-1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grain Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Grain

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Martinsburg, W.Va.

PARENTS

10 NAME OF FATHER John Snyder

11 BIRTHPLACE OF FATHER (city or town) Lancaster Co. (State or country) Penna

12 MAIDEN NAME OF MOTHER Mary A. Croney

13 BIRTHPLACE OF MOTHER (city or town) Lancaster Co. (State or country) Penna

14 Informant Mr. Wm. L. Snyder (son)

(Address) 319-Chamber of Commerce

15 Filed ....., 19 ..... Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10- 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1- , 1924, to July 10 , 1926,

that I last saw h in alive on July 10 , 1926,

and that death occurred, on the date stated above, at 12 15 P. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease (mitral stenosis) and Carcinoma of the larynx

(duration) 10 yrs. — mos — ds.

CONTRIBUTORY (Secondary) none known

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Nov- 1926

Was there an autopsy? no-

What test confirmed diagnosis? Phys. exam., Chas. Heller

(Signed) ..... M. D.

, 19 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb/12/26

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

E06983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 X

E06983

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6000-Bellona-Av. (ST.) 27-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ISIDORE RAYNER

(a) RESIDENCE NO. 6000-Bellona-Av. ST., WARD Washington, D.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 30 ds. How long in U. S., if of foreign birth? 25 yrs. 9 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Single)

6 DATE OF BIRTH (month, day, and year) April-23-1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	25	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Writer

(b) General nature of industry, business, or establishment in which employed (or employer): Literary Work

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: William B. Rayner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Margaret Coulter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant: Mr. W. B. Rayner (father)
(Address): Washington, D.C.

15 Filed ..... 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1926, to Feb 9, 1926, that I last saw him alive on Feb 9, 1926, and that death occurred, on the date stated above, at 11.25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? at Place of death.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

19 (Address) Wylie ave. - Reduction Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington, D.C.

DATE OF BURIAL: Feb/10/1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AV

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06984

CERTIFICATE OF DEATH.

31 E06984

1-PLACE OF DEATH E06984

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 1411 ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Verner Smith

(a) RESIDENCE. No. 1402 Shields ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months: 5 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Dennis Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Beatrice Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant ..... (Address) .....

15 Filed ....., 19 .....

Registrar RH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Dec 1, 1925, that I last saw him alive on Dec 1, 1925, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 2 mos. 9 ds.

CONTRIBUTORY (Secondary) Contracted from mother

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo Woodward Jr M. D.

2-9, 1926 (Address) 1028 Pa ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ... DATE OF BURIAL: ... 19

20 UNDERTAKER: ... ADDRESS: ...

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 8 1926 — FEB 10 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06985

CERTIFICATE OF DEATH.

129

E06985

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2909 Alameda Blvd St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius M Solorzano

(a) RESIDENCE NO. 2909 Alameda St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith Solorzano

6 DATE OF BIRTH (month, day, and year): Dec. 9 1873

7 AGE — Years: 52 — Months: 1 — Days: 29 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Cuba

PARENTS

10 NAME OF FATHER: Julius Solorzano

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Cuba

12 MAIDEN NAME OF MOTHER: Agnes Rebue

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Cuba

14 Informant: Edith Solorzano

(Address): 2909 Alameda Blvd

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 10 1926 to Feb 8 1926

that I last saw him alive on Feb 8 1926,

and that death occurred, on the date stated above, at 9.25 P.M.

The CAUSE OF DEATH* was, as follows:

Pulmonary Edema

(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary): Bright's Disease

(duration) 6 yrs. .....mos. .....ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Fred. J. Zimmerman M. D.

2/8 1926 (Address) 2358 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial Feb. 11 1926

20 UNDERTAKER: William G. Schaffer ADDRESS: 816 Monument

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. All the questions should be answered. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CERTIFIED COPY

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06986 CERTIFICATE OF DEATH. 161-001 E06986

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 451 E 23 d St WARD) 17

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Stewart

(a) RESIDENCE No. 451 E 23 d St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 9 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 20 min.
—	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: W

(b) General nature of industry, business, or establishment in which employed (or employer): W

(c) Name of employer: W

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Clarence Stewart

11 BIRTHPLACE OF FATHER (city or town) Md (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hattie Taylor

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country) Maryland

14 Informant (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1926, to Feb 9, 1926, that I last saw him alive on Feb 9, 1926, and that death occurred, on the date stated above, at 10:30 p.m.

The CAUSE OF DEATH* was as follows:

Physical condition of Mother and premature Birth of Child

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Physical condition of Mother (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? W Date of W

Was there an autopsy? W

What test confirmed diagnosis? Physical Exam

(Signed) Ed Dodd M. D.

, 19 (Address) 426 E 23 d St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS

FEB 10 1926 W. Hampson Jones, M. D. Commissioner of Health

N. B. All items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

✓ 6987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH E06987 REGISTERED No. E06987

CITY OF BALTIMORE: (No. Mercy Hospital St. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Gandulo

(a) RESIDENCE No. 2310 Boston St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, ~~or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE 38. Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Serbia.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7- 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-5- , 1926, to 2-7- , 1926, that I last saw him alive on 2-7. , 1926, and that death occurred, on the date stated above, at 345 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation -

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. Borgendt M. D.

, 19 (Address) Mercy Hospital -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health. | ADDRESS

See Wm. F. KOSBALL

UNIVERSITY OF MARYLAND FEB 1 1926

Spec. 10-71 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06988 E06988

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 18-1 WARD)

2-FULL NAME Olivia Johnson

(a) RESIDENCE NO. 231 N. Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) Col

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Johnson

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Kathleen Mayfield

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Ricardo

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12th 1926, to Feb. 7th 1926.

that I last saw her alive on Feb. 7th 1926.

and that death occurred, on the date stated above, at 5:50 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of the vagina -

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Metastases to retro-peritoneal glands (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? 231 N. Schroeder St -

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) Allen Craig, M. D.

, 19 (Address) Johns Hopkins Hospital Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Jerusalem Cemetery

DATE OF BURIAL 2/11/26, 19

20 UNDERTAKER Katie R. Williams

ADDRESS 327 North Schroeder St.,

N. B.—WRITE PLAINLY, with lead pencil. All questions must be answered. AGE should be stated EXACTLY. If unknown, approximate as accurately as possible. Information should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate as accurately as possible. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT.—1500 Blks.

E06989

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06989

179

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Cliftview Ave ~~St.~~ 8-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Bryan

(a) RESIDENCE NO. 1715 Cliftview Ave. ~~ST.~~, WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Henry Bryan.

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	69	3	25	

8 OCCUPATION OF DEGEASED

(a) Trade, profession or particular kind of work Not employed.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lauchausen, Baden, Germany.

PARENTS

10 NAME OF FATHER Jacob Imhoff.

11 BIRTHPLACE OF FATHER (city or town) Lauchausen. (State or country) Baden, Germany.

12 MAIDEN NAME OF MOTHER Theresa Lauer

13 BIRTHPLACE OF MOTHER (city or town) Lauchausen (State or country) Baden, Germany

14 Informant Elizabeth Bryan (Address) 1715 Cliftview Ave.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1926.

17 I HEREBY CERTIFY, That I attended deceased from ..., 1918, to Feb. 9, 1926.

that I last saw her alive on Feb. 1, 1926,

and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No especial test

(Signed) — Patterman, M. D.

2-9, 1926 (Address) 101 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery. DATE OF BURIAL Feb 12 1926

20 UNDERTAKER George J. Ruth. ADDRESS 1735 Harford Ave.

N. B.—WRITE PLAINLY, with ink. AGE should be stated EXACTLY. PHYSICIANS should be careful in filling out information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in filling out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

See Letter on file 2-13-26 From Chester Riland MD

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06990 11-001 E06990

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 736 Light ST. 77-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonette Lena Elardo.

(a) RESIDENCE No. 736 Light. ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. — mos. — ds. How long in U. S., If of foreign birth? 32 yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS and the State mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Rosario Elardo.

6 DATE OF BIRTH (month, day, and year) June 3-1886.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	40	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Sicily (State or country) Italy.

PARENTS

10 NAME OF FATHER Salvatore di Grano

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Italy.

12 MAIDEN NAME OF MOTHER Mary Marcella

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Italy.

14 Informant Bernard Palmerino. (Address) Sweet Ave, Woodlawn, Md.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8— 1926

17 I HEREBY CERTIFY, That I attended deceased from February 7— 1926 to February 9— 1926, that I last saw her alive on February 8— 1926, and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Influenza.

(duration) — yrs. — mos 16 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Chester Riland, M. D.

2-8-, 1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem DATE OF BURIAL 2/12 1926

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

FEB 11 1926 C. HAMPSON JONES Registrar

Per RPA

Spec– 12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06991

CERTIFICATE OF DEATH.

12 4E06991

1-PLACE OF DEATH

City of BALTIMORE: (No. 2821 Windsor Ave/ St., 15-8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Keene Travers.

(a) Residence No. 2821 Windsor Ave. St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: William Dove Travers

6-DATE OF BIRTH (month, day and year): Jan. 5th. 1868

7-AGE: 58 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Robert Lee Spillman

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Annie H. Patterson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto.

14- (Informant): William Dove Travers

(Address): 2821 Windsor Ave.

15- Filed ..... 192.....

Registrar.

RKN

FEB 10 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 2/8/1926.

17- I HEREBY CERTIFY, That I attended deceased from May 12 1919 to February 8 1926

that I last saw Deceased alive on February 6 1926

and that death occurred, on the date stated above, at 2.45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Roger M. Sprle M. D

, 19 (Address) 2438 Maryland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: 2/11 1926

20-UNDERTAKER: Chas. S. Maus & Son

ADDRESS: 1330 Mt. Royal Ave

N. B.—WHITE should be carefully supplied. AGE should be stated EXACTLY. Particulars must be in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06992

E06992

CERTIFICATE OF DEATH.

X 38

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Mann

(a) RESIDENCE NO. ..... Laurel, Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All items must be stated EXACTLY. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 004

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) W. Va.

PARENTS

10 NAME OF FATHER Wm H. Mann

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) W. Va

12 MAIDEN NAME OF MOTHER Jane Crane

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) W. Va

14 Informant ..... (Address) Jennie Reese (sister) same

15 Filed ..... , 19 ..... Registrar RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10 1926

17

I HEREBY CERTIFY, That I attended deceased from 1-23 , 1926 , to 2-10 , 1926.

that I last saw h[illegible] alive on 2-10 , 1926

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

1 Pneumonia

Alone

(duration) ..... yrs. ..... mos 17 ds.

CONTRIBUTORY (Secondary) Tabes (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Leo. T. Brown M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md

DATE OF BURIAL 2/12/26

20 UNDERTAKER Geo. E. French

ADDRESS Laurel Md

FEB 10 1926 C. HAMPSON JONES, M. D. Per .....

Spec.—1-10-21—M&T—1500 Blks.

18752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06993

E06993

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 135

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Joshua B. Ward

(a) RESIDENCE NO. ..... Jarrettsville ST., Md. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? 60 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Clara Ward

6 DATE OF BIRTH (month, day, and year) ? 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jarrettsville Md

PARENTS

10 NAME OF FATHER John E. Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz. Mellen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records - JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2nd, 1926, to Feb. 10, 1926, that I last saw h. alive on Feb 10, 1926, and that death occurred, on the date stated above, at 10 20 am.

The CAUSE OF DEATH* was as follows:

Benign prostatic hypertrophy (operated)

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? (Residence)

Did an operation precede death? Yes Date of Feb 8/1926

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & microscopic exam. Operation.

(Signed) Paul F. Culley, M. D.

1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jarrettsville Cem — DATE OF BURIAL Feb 14 1926

20 UNDERTAKER E. J. Kurtz & Son — ADDRESS Jarrettsville Md

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS INFORMATION should be stated EXACTLY. PHYSICIANS should be careful in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E06994

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06994

CERTIFICATE OF DEATH.

X117

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., H-1 WARD)

2-FULL NAME Rose Hyson

(a) RESIDENCE No. Hampstead Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Harry P Hyson

6 DATE OF BIRTH (month, day, and year) Sept 12 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	37	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) own home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Harry P Hyson
(Address) Hampstead Md

15 Filed ....., 19 ..... RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1926, to Feb 10, 1926,

that I last saw her alive on Feb 10, 1926,

and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic appendicitis

(duration) one yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Embolus

Sudden (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/5/26

Was there an autopsy? no

What test confirmed diagnosis? Operation, Phys Examination

(Signed) Knight & Reynolds, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hampstead Md — DATE OF BURIAL 2-13 1926

20 UNDERTAKER C. V. Tipton & Son — ADDRESS Hampstead Md

E06995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06995

CERTIFICATE OF DEATH.

101-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 533 Kirby Lane St. W-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Boyd

(Residence in Baltimore: No. 533 Kirby Lane St.; yrs. 25 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): married

6-DATE OF BIRTH: About ..... (Month) ..... (Day) 18.. (Year)

7-AGE: 33 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Harry Smith

11-BIRTHPLACE OF FATHER, (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Margaret Washington

13-BIRTHPLACE OF MOTHER, (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Barnhoffer

(Address) 533 Kirby Lane

15-

Filed ..... 19.. Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 7, 192.6
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 1 wk. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Feb. 9 192.6 (Address) 2532 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Urbana Md. DATE OF BURIAL, 2/11 192.6

20-UNDERTAKER: Harold Easton ADDRESS 916 Penna Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06996

E06996

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Booth St. 27-1 WARD)

2-FULL NAME Avon Satchell

(a) RESIDENCE NO. 423 Henrietta St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Blk

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-6-25

7 AGE — Years 1 — Months 13 — Days 2 — If LESS than 1 day, hrs. ..... or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Thomas Satchell

11 BIRTHPLACE OF FATHER (city or town) Raleigh. (State or country)

12 MAIDEN NAME OF MOTHER Teresa Satchell

13 BIRTHPLACE OF MOTHER (city or town) Anne Arundel Md. Co. (State or country)

14 Informant Mother

(Address) 423 Henrietta

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8-1926

17 I HEREBY CERTIFY, That I attended deceased from 2-8, 19 26, to 2-8, 19 26,

that I last saw h[illegible] alive on 2-8, 19 26,

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) Following colds, cough, etc.

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Samuel Ghilds M. D.

19 ..... (Address) Bates clinic, Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem

DATE OF BURIAL Feb 11 1926

20 UNDERTAKER Hamm Easton

ADDRESS [illegible] Pa ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. [illegible] mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] TION is very important See instructions on back of certificates.

FEB 10 1926

Cor.—1-12-25—M&T—100 Bks.

E06997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06997

101-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N. West St. ST. 21-3 WARD)

2-FULL NAME Stephen Pender.(C)

(a) RESIDENCE No. 504 N. West St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married.

5a If married, widowed, or divorced. HUSBAND of ~~XXXXXXXXXX~~ Gertrude Pender.(C)

6 DATE OF BIRTH (month and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) O.H.O
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A.A.Co.Md.

PARENTS

10 NAME OF FATHER James Pender.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Eliza Gambrill.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A.A.Co.Md.

14 Informant William H. Pender.(C) brother.
(Address) 508 N. West st.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Leinhardt, M. D. (Coroner.)

Feb. 8, 1926 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem. DATE OF BURIAL Feb 11/1926

20 UNDERTAKER Danl Easton ADDRESS 916 Pa ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. This certificate must be filled out in full. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS are required by law to report CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONTRIBUTORY CAUSES OF DEATH is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E06998

HEALTH DEPARTMENT—CITY OF BALTIMORE

E06998

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 732 Bradley St. St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Dixon

(a) Residence No. 732 Bradley St. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct-28-1920

7-AGE, 5 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

9-BIRTHPLACE (city or town) Chester S.C. (State or Country),

PARENTS.

10-NAME OF FATHER Louis Dixon

11-BIRTHPLACE OF FATHER (city or town) S.C. (State or Country),

12-MAIDEN NAME OF MOTHER Mary Alexander

13-BIRTHPLACE OF MOTHER (city or town) S.C. (State or Country),

14- (Informant) Louis Dixon

(Address) 732 Bradley St

15- Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2-8-26

17- I HEREBY CERTIFY, That I attended deceased from 2/2, 1926, to 2/8, 1926, that I last saw him alive on 2/8, 1926, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Primary Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. E. Jackson, M. D.

2/9, 1926 Address 1500 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. MT Auburn Cem

DATE OF BURIAL, Feb 11 1926

20-UNDERTAKER, Daniel Easter

ADDRESS 916 Pine

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS [illegible] should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1926 C. HAMPSON JONES, M. D.

Spec.—10-21 M&T 1500 Blks. (Boney)

HEALTH DEPARTMENT—CITY OF BALTIMORE

1880 E06999 E06999 31

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ST 14-1 WARD)

2-FULL NAME Roseanna Boney

(a) RESIDENCE NO. St. Vincents Orphan WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Full name and state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Apl. - 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10 9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) East Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Baltimore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5th, 1926, to Feb. 9th, 1926, that I last saw h[illegible] alive on Feb. 9th, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery (Flexner)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Tuberculosis (Tbc ?)

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Stool culture

(Signed) Ave Jacobson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Feb 11 1926

20 UNDERTAKER Chas. Zahniser — ADDRESS 1527 North Ave

FEB 10 1926 C. HAMPSON JONES, M. D. Registrar

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07000 Richard Smith **CERTIFICATE OF DEATH.** 25-001. 25 E07000

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 609 E Calvert St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Smith

(a) RESIDENCE NO. 609 E Calvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Smith

6 DATE OF BIRTH (month, day, and year): Jan 26 1861

7 AGE: Years 65 | Months 0 | Days 17 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

(c) Name of employer Kernan

9 BIRTHPLACE (city or town)

(State or country) England

PARENTS

10 NAME OF FATHER Joseph Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Ann Emma

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

14 Informant Mrs Mary Smith

(Address) 609 E Calvert

15 Filed ....., 19 .....

Registrar

RRD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 9th 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 31st 1926, to Feb 8th, 1926, that I last saw h.. alive on Feb 8th, 1926, and that death occurred, on the date stated above, at 3:50 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Collapse

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. E. Saunders, M. D.

2/10. 1926 (Address) 719 E Fusten St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary — Date of Burial: Feb 11 1926

20 UNDERTAKER: Walker Cook — ADDRESS: 502 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT and should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 10 1926

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07001

CERTIFICATE OF DEATH.

100-001 E07001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 232 N High ST. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Owens

(a) RESIDENCE No. 232 N High ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E Owens

6 DATE OF BIRTH (month, day, and year) March 31, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thomas Haley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Jain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Thomas Williams

(Address) 823 Williams St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 6 1926 to Feby 8 1926.

that I last saw her alive on Feby 8 1926

and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchs Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. T. Waterman, M. D.

2/10, 1926 (Address) 733 Asquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Feb 11 1926

20 UNDERTAKER Wm Cook

ADDRESS 507 E Nor 11

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07002

CERTIFICATE OF DEATH.

57 E07002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1822 N. Fulton Ave ST., 15-12 WARD)

2-FULL NAME Samuel Monroe Embrey.

(a) RESIDENCE NO. 1822 N. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Annette Embrey,

6 DATE OF BIRTH (month, day, and year) July 24 1853.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	6 8	14 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ice box builder.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer His Own

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER Garnet Embrey

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Thomas Murphy.
(Address)

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1925, to Febry 8, 1926, that I last saw h~~e~~ alive on Febry 8, 1926, and that death occurred, on the date stated above, at 7.25 p m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ✓ yrs. 3 mos ✓ ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) 4 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) George C. Shannon, M. D.

2/9, 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Feb 10 1926

20 UNDERTAKER J. M. Cook — ADDRESS 532 E. Fort Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should LEGIBLY SIGN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07003

CERTIFICATE OF DEATH.

100-001 E07003

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 Monastery Ave ST. N-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel J Monkhouse Jr.

(a) RESIDENCE NO. 220 Monastery Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 3 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 18, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	4	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Samuel J Monkhouse

11 BIRTHPLACE OF FATHER (city or town) Thelma (State or country) Ga

12 MAIDEN NAME OF MOTHER Bessie V Miller

13 BIRTHPLACE OF MOTHER (city or town) Bells (State or country) Tex

14 Informant Mrs Samuel J Monkhouse

(Address) 220 Monastery Ave

15 Filed .....19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1924 to Feb 8, 1926, that I last saw h[illegible] alive on February 8, 1926, and that death occurred, on the date stated above, at 7 30A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

Empyema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. E. Madoz M. D.

.19 (Address) 2303 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb 11 1926

20 UNDERTAKER Harry J Whitzke — ADDRESS 1531 W Lombard St

FEB 10 1926 C. HAMPSON JONES, M. D.

Cor.—1-12-23—M&T—100 Bks.

E07004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07004

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Severn Apartments. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mariel Williams

(a) RESIDENCE NO. 5-29 W. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Ø
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER A. Williams

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Sadie Williams

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mary Johnson
(Address) Exp Somerset

15 Filed ..... 192 .....
BRH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Chronic (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) W. J. Gill M. D.
(Coroner.)
Feb 10. 1926 (Address) 1127 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mrs. E. H. Holland

DATE OF BURIAL 2-11 1926

20 UNDERTAKER Lemuel Cain.

ADDRESS 1631 E. N. Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS are required to give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] is very important. See instructions on back of certificate.

B 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07005

65-001 E07005

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home + Infirmary (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Catherine Horney

(a) RESIDENCE No. 216 S. Robinson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) M.

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Louis H. Horney

6 DATE OF BIRTH (month, day, and year) June 12 - 1899

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
26	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Jos. Canello

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rose Natale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Rose Canello

(Address) 216 S. Robinson St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8- 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6- , 1926 , to Feb. 8- , 1926 ,

that I last saw her alive on Feb. 8- , 1926

and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:

Leukemia, myeloid

(duration) yrs. ? mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) I. F. C. Smith, M. D.

2/8, 1926 (Address) Church Home + Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL 2/11 1926

20 UNDERTAKER J. G. Moran ADDRESS 300 E. Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 10 1926 C. HAMPSON JONES, M. D. Registrar

HEALTH DEPARTMENT--CITY OF BALTIMORE

E07006 E07006

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1911 Rosedale ST. 15-1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Crawford Bowers,

(Residence in Baltimore: No. 1911 Rosedale St.: 66 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec 7, 1859 (Month) (Day) (Year)

7-AGE: 66 yrs. 2 mos. 7 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home Duties
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Robert Hughes

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Martha

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas E. Bowers

(Address) 1911 Rosedale St

15-

Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. 9, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1924, to Feb. 8 1926, that I saw h~~e~~ alive on Feb. 8, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

more than 2 years

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Hyper-tension, Interstitial Nephritis

Several Years (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Mc Bayley, M. D.

Feb 10, 1926, (Address) 2805 N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: Feb 17, 1926

20-UNDERTAKER: John C. Mitchell — ADDRESS: 1211 W Fayette

Spec.—1-12-23—M&T—500 Bks.

E07007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07007

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hosp. 15-13

CITY OF BALTIMORE: (No. 1122 N. Mount ST., WARD)

REGISTERED NO. 001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Powell

(a) RESIDENCE NO. 1332 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mollie Powell

6 DATE OF BIRTH (month, day, and year): Nov. 26, 1873

7 AGE — Years: 53 — Months: 2 — Days: 13 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Robert Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Lubia Prettyman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: W. H. Powell

(Address): Woodbine Md.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1926, to Feb. 9, 1926, that I last saw h. alive on Feb. 9, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Urethral Stricture - Urinary Extravasation; Pyemia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ac. Cardiac failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Feb 9

Was there an autopsy? yes. Smear from extravasation

What test confirmed diagnosis?

(Signed) L. J. Moore, M. D.

, 19 (Address) 1122 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Cem. Howard Co. Md.

DATE OF BURIAL: Feb. 14 1926

20 UNDERTAKER: H. M. Snyder

ADDRESS: Mt. Airy

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E07008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Dr Mayo. Satoh. Charles & Read

98E07008

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home of Incurables ST. 15-5 WARD)

2-FULL NAME Mary Elizabeth Farran

(a) RESIDENCE NO. 2300 Elsmor ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan-14-1856

7 AGE: Years 70 Months Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James R Farran

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Alice Lockington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: James L. Farran (Address) 2300 Elsmor Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-9- 1926

17 I HEREBY CERTIFY, That I attended deceased from May. 1923 to Feby 8 1926.

that I last saw her alive on Feby 18 1926

and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Oedema of the Larynx (etiology not determined)

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pul. Chronic Passive Congestion (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No Typical diagnosis

What test confirmed diagnosis?

(Signed) W W B Mayo M. D.

2/10 1926 (Address) Tahoe Apartments

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 2/11 1926

20 UNDERTAKER: Wm Cook E

ADDRESS: 562 E North

C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

E07009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07009

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 S Paca ST., 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin A. Durborow.

(a) RESIDENCE No. 807 S. Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Durborow

6 DATE OF BIRTH (month, day, and year): July 17 1881

7 AGE — Years: 44 — Months: 6 — Days: 23 — If LESS than 1 day, .. hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: for self.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Alfred A Durborow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mariette Fedrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Lena Durborow

(Address): 807 S Paca St.

15 Filed ..., 19 ... RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2 - 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1925, to Feby 8, 1926, that I last saw ~~him~~ alive on Feby 8, 1926, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) ... yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) W. A. Smith, M. D.

2/10, 1926 (Address) 111 W. Eu St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: 2-13 1926

20 UNDERTAKER: E & B Harle — ADDRESS: 115 E West St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07010 E07010

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 William ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Thuman.

(a) RESIDENCE No. 1124 William ST., 24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa. Thuman.

6 DATE OF BIRTH (month, day, and year) May 15 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restaurant

(b) General nature of industry, business, or establishment in which employed (or employer) Keeper

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Philip Thuman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary C. Gemmenhauser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Theresa Thuman.

(Address) 1124 William St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1 1925 to Feb 9 1926.

that I last saw him alive on Feb 9 1926.

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) Martin A Cox, M. D.

2/10, 1926 (Address) 571 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A.A.C.

DATE OF BURIAL 2-13 1926

20 UNDERTAKER Eos B Harle

ADDRESS 1156 Lexington St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07011 E07011

CERTIFICATE OF DEATH.

21

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 S. Charles ST. 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael J. Shea

(a) RESIDENCE NO. 1433 S. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Mary Flynn Shea

6 DATE OF BIRTH (month, day, and year): Oct. 1883

7 AGE — Years: 42 — Months: 2 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Kennedy's

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Martin Shea

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Murtaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Michael J. Shea

(Address): 1433 S. Charles St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from February 2 19 26 to February 9th 19 26; that I last saw h alive on February 9th 19 26 and that death occurred, on the date stated above at P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Erysipelas (Face).

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John L. Schmeich M. D.

19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: Feb. 12 1926

20 UNDERTAKER: Margaret A. Flynn

ADDRESS: 1422 Light

Spec—12-23-21—E.B.R.S.—400 Bks.

E07012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E07012

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 507 Gilmor St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward George

(a) Residence No. 507 Gilmor St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lillian George

6-DATE OF BIRTH (month, day and year) May 22. 1871

7-AGE. 54 yrs. 9 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Barber.

(b) General nature of industry, business, or establishment in which employed (or employer). Self.

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Richmond Va.

PARENTS.

10-NAME OF FATHER, Jas C George.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Richmond Va

12-MAIDEN NAME OF MOTHER, Marguerite Price

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Richmond Va

11- (Informant) Lillian George

(Address) 507 Gilmor St

15- Filed..... 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Febry 8. 1926

17- I HEREBY CERTIFY, That I attended deceased from November 20 1924 to Feb. 8 1926, that I last saw him alive on Feb 8 1926, and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis Chronic

(Duration) 1 yrs. 2 mos. 18 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 8+ yrs. mos. ds.

18-Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Wm. H. Wright, M. D.

Feb 9, 1926 (Address) 1304 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Mt. Auburn	2-11, 1926
20-UNDERTAKER.	ADDRESS
John H. Stadmen	Druid Hill Ave

C. HAMPSON JONES, M. D.

FEB 11 1926

Rk

dec

(1) Fill in all items carefully, writing plainly with pen and ink. (2) Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E07013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-001
24 E07013

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 Otterbein ST., 21-3 WARD)

2-FULL NAME Sarah Brooks Smith

(a) RESIDENCE NO. 304 Otterbein ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Autumn 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ....min.
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Peter Rhue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Harriet Bibbins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Edw Snowden
(Address) 304 Otterbein

15 Filed ....., 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9- 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Feb 9, 1926,
that I last saw her alive on Feb 8, 1926,
and that death occurred, on the date stated above, at 6.55 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Observation & Symptoms

(Signed) C. H. Fisher, M. D.

19 (Address) 711 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 2/11 1926.

20 UNDERTAKER Jno H Toadvine — ADDRESS 1027 Lemmon St.

FEB 11 1926

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E07014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E07014 Registered No. C

1-PLACE OF DEATH

City of BALTIMORE: (No. 1030 Vine St., 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hiram Carter

(Residence in Baltimore: No. 1030 Vines St.; yrs. 29 yrs 5 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colo

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: Aug 13 1896 (Month) (Day) (Year)

7-AGE: 29 yrs. 5 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Thos Carter

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Carter

(Address) 1030 Vine St

15-

Filed ..... 192.... Registrar.

FEB 11 1926 C. HAMPSON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb 7 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) ....yrs. 10 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos A. Norton M. D.
Coroner.

Feb 8 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 2-11 1926

20-UNDERTAKER: John H. Toadvine — ADDRESS 1027 Druid Hill Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks E7015 Dr Rizzuto 500 N Patterson Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E7015 90 E7015

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2036 E Federal ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma F Clark

(a) RESIDENCE No. 2036 E Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Clark

6 DATE OF BIRTH (month, day, and year) July 9, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	69	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER William F Floyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth McCarty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Alexander Clark (Address) 2036 E Federal St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 .19 26 to Feb 10 .19 26.

that I last saw h alive on Feb 9 .19 26

and that death occurred, on the date stated above, at 3.15 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Cardiac Failure

Dyspnea

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Lungs

(duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Fred Rizzuto M. D.

Feb 10. 1926 (Address) 500 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Clark — DATE OF BURIAL Feb 11 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

FEB 1926 C. HAMPSON JONES, M. D.

PK

INSTRUCTIONS: WRITE WITH FOUNTAIN PEN OR INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-1021 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07016

CERTIFICATE OF DEATH.

101 E07016

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospl. ST., 82-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olevia Wilson.

(a) RESIDENCE NO. 32 E. Hill St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1/0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sadie M. Wilson.

6 DATE OF BIRTH (month, day, and year) May 20-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
61	65	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 6/10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Nicholas Wilson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Schuda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant William Brown (Address) 11 East Monument

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1926, to Feb 10, 1926, that I last saw h~~im~~alive on Feb 10, 1926, and that death occurred, on the date stated above, at 11 00 a m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James K. Nelson, M. D.

, 19 (Address) 121 S Eight St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wt Olivet

DATE OF BURIAL 2/13 1926

20 UNDERTAKER Wm Cook

ADDRESS 50 E Mnt

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

THIS STATEMENT RECORD. Every item of infor-

WITH CONDITIONS OF INK—

EB 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07017

CERTIFICATE OF DEATH.

E07017

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST., 9-5 WARD)

2-FULL NAME Clara Gorrera

(a) RESIDENCE No. 1910 Hope St ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
(husband) of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John Gorrera

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Clara Vanbibber

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant John Gorrera
(Address) 1910 Hope St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1 1926 to Feb 10 1926, that I last saw her alive on Feb. 10 1926, and that death occurred, on the date stated above, at 2.20 a m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) ... yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull M. D.

2/10 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Feb 11 1926

UNDERTAKER Wilhom Cook — ADDRESS 502E North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 1 1926

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07018

161-002

CERTIFICATE OF DEATH.

E07018

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 726 S. Eutaw St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estella Bunk

(a) RESIDENCE NO. 726 S. Eutaw St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 hrs How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 10 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
				3

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Salt Lake City

(State or country)

PARENTS

10 NAME OF FATHER Joseph Bunk

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Salt Lake City

12 MAIDEN NAME OF MOTHER Julia Fox

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Salt Lake City

14 Informant Joseph Bunk

(Address) 726 S. Eutaw

15 Filed ..., 19 ... RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compression & Brain from Emplacion in pelvis Fetus

Contg.

(duration) ... yrs. ... mos. 2 hrs ds.

CONTRIBUTORY (Secondary) Delivered by Midwife

(duration) ... yrs. ... mos. ... ds.

(Signed) James McPherson M. D.

(Coroner)

2-11 1926 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs., ...mos., ...ds. In the State ...yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Roadrey — Date of Burial Feb. 11 1926

20 UNDERTAKER Wendell Dippel — ADDRESS 37 S. Am

Spec.—I 10-21—M&T—1500 Blks.

E07019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07019

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N. Chester ST., 7-2 WARD)

2-FULL NAME William Rappoport (Rappoport)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 512 N. Chester ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Rappaport

6 DATE OF BIRTH (month, day, and year) Unknown 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Dry-Goods

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Albert A. Rappoport

(Address) 512 N. Chester

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10 1926

17 I HEREBY CERTIFY, That I attended deceased from (Today Only 2/10) 1926, to 2/10 1926,

that I last saw him alive on Feb. 10th 1926,

and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) Sudden yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) William Deco M. D.

, 19 (Address) 2901 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Rosedale — DATE OF BURIAL: 2-11- 1926

20 UNDERTAKER: Jack Levin — ADDRESS: 1499 E. Balto.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

(Tankin Levitz)

E07020

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E07020

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 200 S. Bond ST., 3-2 WARD)

2-FULL NAME.. Famind Levitz

(a) RESIDENCE NO. 200 S. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Baily Levitz

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	83	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rag dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Levitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Levitz
(Address) 1439 E. Balto St

15 Filed ....., 19 .....
Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1926, to Feb 10th, 1926, that I last saw h[illegible] alive on Feb 10th, 1926, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. mos 4 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) A. T. Ries M. D.

Feb 10th 1926 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 2-11- 1926

20 UNDERTAKER Jack Levitz, 1439 E. Balto. — ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07021

CERTIFICATE OF DEATH.

16-2 11-001

E07021

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 624 (St.) Linnard (Ward) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Kornmann

(a) RESIDENCE NO. 624 Linnard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: John Kornmann

6 DATE OF BIRTH (month, day, and year): Oct 11, 1845

7 AGE — Years: 80 — Months: 3 — Days: 29 — If LESS than 1 day, hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: August Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Nanette Rappsett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant (Address): Emma N. Kornmann 624 Linnard St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1926, to Feb 9, 1926, that I last saw her alive on Feb 9, 1926, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Influenza "

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. A. Lasley M. D.

19 (Address) 3517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Feb 12, 1926

20 UNDERTAKER: M. & Mrs J. N. Imfeld & Son — ADDRESS: 801 W Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E07022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 E07022

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2711 Guilford Ave ST., 12-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma P. Watson

(a) RESIDENCE No. 2711 Guilford Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter A. Watson

6 DATE OF BIRTH (month, day, and year): Dec 25. 1854

7 AGE — Years: 71 — Months: 1 — Days: 15 — If LESS than 1 day, hrs. or min.: 14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Norfolk. Va.

PARENTS

10 NAME OF FATHER: Carr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Walter A. Watson

(Address) 2711 Guilford Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 9. 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1925, to Feb 9th, 1926, that I last saw him alive on Feb 7th, 1926, and that death occurred, on the date stated above, at 6:50 P. m.

The CAUSE OF DEATH* was as follows:

Parkinsons Disease

Paralysis Agitans

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary): Cerebral Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. B. Gamble Jr. M. D.

, 19 (Address) 262 N Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park C. — DATE OF BURIAL: Feb. 12th 1926

20 UNDERTAKER: Mr. & Mrs. John H. Temple — ADDRESS: 801 N. Fayette St.

FEB 1 1926

Spec.—1-10-21—M&T—1500 Bks.

Delamater
001
101 E07023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07023

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 4-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby James Delamater

(a) RESIDENCE NO. 28 Eastship Rd Dundalk St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs — mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 2-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	—	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Harold F Delamater

11 BIRTHPLACE OF FATHER (city or town) Peekskill (State or country) New York

12 MAIDEN NAME OF MOTHER Sarah Bourne

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Harold F Delamater

(Address) 28 Eastship Rd Dundalk Md

15 Filed ____, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926 to Feb. 10 - 1926, that I last saw him alive on Feb. 10, 1926, and that death occurred, on the date stated above, at 4 30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. F. Bourne M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Feb 12 1926

20 UNDERTAKER Henry W Jenkins Bros Co

ADDRESS Orchard & McCulloh

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 11 1926 THOMPSON-JONES, INC.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07024

CERTIFICATE OF DEATH.

129 ✓ E07024

1-PLACE OF DEATH Bon Secours Hospital 20-3 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Minnie Verhoeff Hartinell

(a) RESIDENCE No. 2033 W Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 25 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Louisville (State or country) Ky

PARENTS

10 NAME OF FATHER Herman Verhoeff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germainy

12 MAIDEN NAME OF MOTHER Mary Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

14 Informant Mrs C. Verhoeff (Address) 781 2nd Louisville Ky

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1925, to Feb. 9, 1926, that I last saw her alive on Feb. 9, 1926 and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nefritis (Parenchym)
Partial Intestinal Obstruction - from P.O. Adhesions - Operations 6 & 16 yrs ago!

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Acute Parotitis

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy - Clinical Findings

(Signed) Geo. D. Lippay, M. D.

, 19 (Address) Bon Secours Hosp. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louisville Ky — DATE OF BURIAL Feb 11 1926

20 UNDERTAKER Henry H Jenkins & Son — ADDRESS Richland Parkville Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07025 11-00 E07025

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 E Fort Ave ST. 23-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma R. Volk.

(Residence in Baltimore: No. 30 E Fort ave St.; 62 yrs. 10 mos. 26 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mch. 14, 1863 (Month) (Day) (Year)

7-AGE, 62 yrs. 10 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John W. Hayward

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. H. Volk

(Address) 30 E. Fort

15-

Filed....., 191.....

Registrar.

FEB 11 1926 C. HAMPSON JONES, M.D. Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1926, to Feb 10 1926, that I saw h[illegible] alive on Feb 10 1926, and that death occurred, on the date stated above, at 6[illegible] A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) ....yrs. ....mos. 10 ds.

(Signed) Leonard L. Rusch M. D.

2/10/, 1926 (Address) 1329 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL. 2/13, 1926

20-UNDERTAKER J. Frew McCully ADDRESS 130 E. Fort

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07026

CERTIFICATE OF DEATH.

-90 E07026

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 S. Eden St. 13-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Hammen

(a) RESIDENCE. No. 420 S Eden ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Wht	Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 7/63

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6 2	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John Hammen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Cath. Fryer

(Address) 1034 N Franklin St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1925, to Feb. 8, 1926, that I last saw h alive on Feb 8, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Norwood, M. D.

Feb 9th, 19 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ht St. Paul Cem	2/11 1926

20 UNDERTAKER Philip Henry ADDRESS 1016 Orleans St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E07027

CERTIFICATE OF DEATH.

E07027

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Colvin st. ST., 5-1 WARD)

2-FULL NAME Baby Parker

(a) RESIDENCE NO. 211 Colvin st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 19, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Norman Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Bertha Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant C.O. Sherman

(Address) Johns Hopkins Hospital

15 Filed , 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1926, to Feb. 9, 1926,

that I last saw him alive on Feb. 9, 1926,

and that death occurred, on the date stated above, at 8 50 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C.O. Sherman, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL Feb. 11 1926

20 UNDERTAKER Mrs J. J. Locks

ADDRESS 1302 Jeffer

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12 23 M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E07028 — 74-001 — E07028

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Rosedale ST. 15-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornetta Marie Tumminello

(a) RESIDENCE NO. 1811 Rosedale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas Tumminello

6 DATE OF BIRTH (month, day, and year) Aug ? 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Francisco Gloriosa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Carmela Schiro

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs Maria S. Rinaldo

(Address) 1811 Rosedale St

15 Filed ....., 19 ..... K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Feb 9, 1926, that I last saw her alive on Feb 9, 1926, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. M. Kelly, M. D.

, 19 (Address) 16 E. Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Feb 12 1926

20 UNDERTAKER Wm J. Tinbergen Son

ADDRESS Italia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E07029 — 107-001 — E07029

1-PLACE OF DEATH: End of Patapsco ave.

CITY OF BALTIMORE: (No.) St. Helena (Balto. Co.) 26 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Benjamin Harrison Clarke

(a) RESIDENCE NO. (Usual place of abode): End of Patapsco ave St. Helena Balto. Co. 26 WARD

Length of residence in city or town where death occurred: 1 yrs. mos. ds. | How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Cora Clarke

6 DATE OF BIRTH (month, day, and year): Nov 15 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Employe of Finisher

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): U. S. (Baltimore)

PARENTS

10 NAME OF FATHER: Thomas Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wales

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wales

14 Informant: Chas. S. Clarke

(Address): 31 Broadleigh Road Dundalk Md.

15 Filed ..., 19... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 4, 1926, to Feby 8, 1926,

that I last saw h— alive on Feby 7, 1926,

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. McLearnon M. D.

2/9 1926 (Address) Dundalk. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U. S. National Cemetery | DATE OF BURIAL: Feb 11 1926

20 UNDERTAKER: Lilly & Zeiler | ADDRESS: 403 S. Wolfe St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07030

143 V - 001

E07030

CERTIFICATE OF DEATH.

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nora Bradbury

(a) RESIDENCE NO. 1035 N Eutaw St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Bradbury

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town)

(State or country) North Carolina

PARENTS

10 NAME OF FATHER Ellis Whitfield

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina

14 Informant Edward Bradbury

(Address) 1035 N Eutaw St.

15 Filed....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

following accidental abortion

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) James M Fenton M. D.

(Coroner)

2/10 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death Balto City Hosp yrs. 3 mos. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1035 N Eutaw St

Former or usual residence 1035 N Eutaw St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kinston N C — Date of Burial Feb 11/1926

20 UNDERTAKER Daniel Eaton — ADDRESS 916 Druid

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07031

CERTIFICATE OF DEATH.

E07031

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 Sara Ann ST., ... WARD) 4-1

2-FULL NAME Jas. Andrew Stewart

(a) RESIDENCE No. 640 Sara Ann ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 0 ds. 0 How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lily Stewart

6 DATE OF BIRTH (month, day, and year) Dec 2 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
33 34	1	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Labor 040

(c) Name of employer Somebody

9 BIRTHPLACE (city or town) (State or country) Washington DC

PARENTS

10 NAME OF FATHER X X Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash DC

12 MAIDEN NAME OF MOTHER X X X

13 BIRTHPLACE OF MOTHER (city or town) (State or country) X X

14 Informant Pearl Stewart
(Address) 640 Sara Ann

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1926, to Feb 11, 1926.

that I last saw him alive on Feb 10, 1926,

and that death occurred, on the date stated above, at 4:15 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) 0 yrs. 0 mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R B Tennyson, M. D.

Feb 14, 1926 (Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Feb 11 1926
20 UNDERTAKER	ADDRESS 916
Hines Eastes	Balt

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-26—M&T—100 Blks.

E07032

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-001

1 E07032

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 School St. ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Day

(a) RESIDENCE No. 1516 School St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: colored | 5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19		1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Gough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant [illegible]
(Address) 1626 Druid Hill Ave

15 Filed ..... 192 ..... Registrar RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 6 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

(Signed) H C Blades, M. D.

Feb 10 26 192 (Coroner) (Address) 1431 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Feb 10 1926

20 UNDERTAKER Dan Easton

ADDRESS 946 Fawn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07033

CERTIFICATE OF DEATH.

111-001

E07033

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (ST.) (WARD) Baltimore

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Lula Hynson

(a) RESIDENCE NO. 1502 N. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) Sept 21-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) H.W.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

PARENTS

10 NAME OF FATHER James Hynson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Litsinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sister, Mrs E. E. Waters

(Address) 1500 Brookfield Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1926, to Feb 10, 1926, that I last saw h[illegible] alive on Feb 10, 1926, and that death occurred, on the date stated above, at 2.55 a. m.

The CAUSE OF DEATH* was as follows:

See Acute Cholecystitis (3 mos.)
Attached P. O. adhesions, ulcer of stomach,
Sheet. (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Post Justin psychosis,
or transition (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Feb 5/26

Was there an autopsy? No

What test confirmed diagnosis? Operation & clinical evidence.

(Signed) E W Coons, M. D.

, 19 (Address) Maryland General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lawsons Presbyterian Cemetary

DATE OF BURIAL FEB 12 1926 19

20 UNDERTAKER Geo W Little

ADDRESS 2000 EDMONDSON AVE

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07034 47 E07034

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1741 E. North Ave ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma M. Miller

(a) RESIDENCE NO. 1741 E. North Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: August Miller

6 DATE OF BIRTH (month, day, and year): March 15 1858

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Prince Georges Co Md

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: August Miller

(Address): 1740 E. North Ave

15 Filed . 19 KK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): FEB 10 1926

17

I HEREBY ~~CERTIFY~~, That I attended deceased from January 8, 1926, to Feb 10th, 1926, that I last saw h~~e~~ alive on Feb 10th, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. E. Rossi, M. D.

(Address) 1501 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Druid Ridge

DATE OF BURIAL: FEB 13 1926 19

20 UNDERTAKER: Geo W Little

ADDRESS: 1788 Edmondson Ave

Blanks should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07035

CERTIFICATE OF DEATH.

46 E07035

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 701 Cathedral ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena M. Bailey

(a) RESIDENCE NO. 701 Cathedral ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Bailey

6 DATE OF BIRTH (month, day, and year) May 14, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10 NAME OF FATHER Sardius Q. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Louisa Bentley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Mrs. S. Bevan Miller

(Address) 701 Cathedral Street

15 Filed ..... 19 ..... RL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1925, to Feb. 10, 1926, that I last saw her alive on Feb. 9, 1926, and that death occurred, on the date stated above, at 12:45 a. m.

The CAUSE OF DEATH* was as follows:

Multiple Carcinoma (uterine, intestinal mesh and lungs)

(duration) about 1 yr. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Michigan

Did an operation precede death? only diagnostic Date of Jany. 15/26

Was there an autopsy? no

What test confirmed diagnosis? micros. and phys. exam.

(Signed) J. F. Thennell M. D.

Feb. 10, 1926 (Address) 2226 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairgrove, Michigan

DATE OF BURIAL 2/11 1926

20 UNDERTAKER Henry W. Wears & Son

ADDRESS D. Calvert

Via Penn. Railroad - Escort - Mr. Samuel Bailey

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~007036~~ 129 ~~007036~~

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 S. Patterson Park Ave ST., 1-2 WARD)

2-FULL NAME Augustyn. Nowak

(a) RESIDENCE NO. 631 S. Patterson Park Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 33 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March. 25 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 85

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Antoni . Nowak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14

Informant Mrs Stella . Nowak

(Address) 2703 Fait Avenue

15

Filed ..... 19 .....

P.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Febr. 2 , 1926 , to Febr. 8 , 1926 ,

that I last saw him alive on Febr 8 , 1926 ,

and that death occurred, on the date stated above, at 925 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. 1 mos. unknown ds.

CONTRIBUTORY (Secondary) Chronic alcoholism

(duration) yrs. unknown ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Francis . Jaworski, M. D.

2/1 , 1926 (Address) 2431 Fait Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: Feb 12 1926

20 UNDERTAKER: John Maleber ADDRESS: 1803 Bank St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E07037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7-1 E07037

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha M Sard

(a) RESIDENCE NO. Riverside Ave Stemmers Run Md Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Dec 29/1919

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Poplar Rd. Stemmers Run

(State or country)

PARENTS

10 NAME OF FATHER: Wm G. Sard

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Amelia Bobart

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Wm G. Sard

(Address): Stemmers Run

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Terminal)

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Measles

..... (duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Pates, M. D.

(Coroner)

2/10/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Carmel Cemetery	2/11/1926

20 UNDERTAKER	ADDRESS
John G. Connelly	Eastern Ave Essex

should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

Santurro

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07038

CERTIFICATE OF DEATH.

161-002
E07038

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 S. Eden ST. 3-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Santurro

(a) RESIDENCE NO. 309 S. Eden ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 10. 1926

7 AGE: Years | Months: 1 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Michael Santurro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Viola

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Michele Santurro (Address) 309 S Eden St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1926, to Feb. 10, 1926, that I last saw h— alive on Feb. 8, 1926, and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows:

Pressure on brain caused by Dystocia (during birth)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. J. Howe, M. D.

2.11., 1926 (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincent — DATE OF BURIAL: Feb 11 1926

20 UNDERTAKER: Wendell Dippold & Co — ADDRESS: 37 Hanover St

BEFORE SIGNING BE CERTAIN ALL ITEMS ARE COMPLETED. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 1 1926 C. CHAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E07039

E07039

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. 15-12 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Smith

(a) RESIDENCE No. 1313 Monroe ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Edna Cure

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....

RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6th, 1926, to Feb 7th, 1926.

that I last saw h alive on Feb 7th, 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, acute
Primary

(duration) yrs. mos 14 ds.

CONTRIBUTORY —
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Ann Jacobson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E07040

E07040

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST. BALTIMORE CITY HOSPITALS WARD) 5-1

2-FULL NAME Walter Peyton

(a) RESIDENCE No. 102 Chestnut ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE — Years: 53 yr. — Months: — Days: — If LESS than 1 day, hrs or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Charles Peyton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1925, to Feb. 8, 1926,

that I last saw living on Feb. 8, 1926,

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) ..... yrs. mos. 2 hrs.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller, M. D.

2/8 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER: [illegible] Health

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT---CITY OF BALTIMORE

E07041 — 90 — E07041

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Wallbrook Thomas Ave. ST.; 1733 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Silas Wesley Yingling

(Residence in Baltimore: No. 1733 Thomas Ave. St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May 19 (Month) (Day), 1880 (Year)

7-AGE: 75 yrs. 8 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Builder & Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter

9-BIRTHPLACE (State or country): Reisterstown Md.

PARENTS

10-NAME OF FATHER: John W. Yingling

11-BIRTHPLACE OF FATHER (State or country): Reisterstown Md

12-MAIDEN NAME OF MOTHER: Lydia Knight

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josephine Yingling

(Address) Wallbrook Thomas Ave

15-

Filed ....., 191 .....

REGISTRAR R K

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 10 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26, 1925, to, February 10 1926, that I saw h[illegible] alive on Feb 9 1926, and that death occurred, on the date stated above, at 6-30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ..... yrs. 8 mos. 10 ds.

Contributory (SECONDARY) Myocarditis

(Duration) ..... yrs. 8 mos. 10 ds.

(Signed) G. E. Billups M. D.

Feb 10, 1926 [Address] 722 W. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 2 yrs. ..... mos. ..... ds. In the State 75 yrs 8 mos 21 ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Auchentoy City. Reisterstown — DATE OF BURIAL: Feb. 12, 1926

20-UNDERTAKER: Wm. B. Berryman & Sons — ADDRESS: Reisterstown

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07042 E07042

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Banks

(a) RESIDENCE NO. Aged Home - Lexington ST., Caldwell Sts WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 24, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant E. Blanch Fisher

(Address) 1503 E. Lexington

15 Filed ..... 19 ..... Registrar RJC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 10 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-21, 1926, to 2-10, 1926, that I last saw him alive on 2-10, 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Epithelioma of Tongue
Metastasis to glands of neck

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Francis J. Ellis, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Md.

DATE OF BURIAL Feb 12 1926

20 UNDERTAKER George J. Smith

ADDRESS 1532 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Kaul.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07043

BUTH43

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1840 N Laval ST., 16-5 WARD)

2-FULL NAME Caroline Kaul

(a) RESIDENCE No. 1840 N Laval ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND) of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	81	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Germany
(State or country)

PARENTS

10 NAME OF FATHER John Steeg

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Steeg

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Geo W Kaul
(Address) 2013 McKean Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1926.

17

I HEREBY CERTIFY, That I attended deceased from Jan 9, 1926, to Feb 9, 1926, that I last saw h[illegible] alive on Feb 9, 1926, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis Senile

(duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis senile

(duration) yrs. 1 mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam

(Signed) C Wilson Smith, M. D.

, 19 (Address) 817 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem — DATE OF BURIAL Feb 12 1926

20 UNDERTAKER George J Smith — ADDRESS 158 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E07044

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 101-001 E07044

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital ST., 11-2 WARD)

2-FULL NAME Sandy Monroe

(a) RESIDENCE NO. Sparrows Point ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ..... mos. 16 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 4 1901

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor at Oven 040

(b) General nature of industry, business, or establishment in which employed (or employer) Coke Oven

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (City or town) West End (State or country) N C

PARENTS

10 NAME OF FATHER Eddy Monroe

11 BIRTHPLACE OF FATHER (City or town) ..... (State or country) N. C.

12 MAIDEN NAME OF MOTHER Betsy A Cavineas

13 BIRTHPLACE OF MOTHER (City or town) ..... (State or country) N C

14 Informant David Burns (Address) Patapsco House Sparrows Pt

15 Filed ....., 19 ..... Registrar RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11 19 26

17 I HEREBY CERTIFY, That I attended deceased from 1/23 26, 19.. to 2/9, 19 26, that I last saw h.. alive on Feb 9, 19 26, and that death occurred, on the date stated above, at 6:10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 18 ds.

CONTRIBUTORY (Secondary) Toxemia; Cardiac de compensation (duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? Sparrow's Point

Did an operation precede death? NO Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) John W. Gaines, M. D.

, 19 (Address) 1611 N. Fawn St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West End, N.C. DATE OF BURIAL Feb 11 1926

20 UNDERTAKER John F Denny ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E07045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E07045

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2850 N. North Ave ST. 15-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Joseph Downs

(a) RESIDENCE NO. 2850 N. North Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5y. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 14 1857

7 AGE — Years: 68 Months: 3 Days: 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer & Provisions

(b) General nature of industry, business, or establishment in which employed (or employer): Dealer

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER: Joseph B. Downs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth A. Adams

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant: Charlotte Downs (Address) 2850 N. North Ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1925, to Feb 10, 1926, that I last saw h in alive on Feb 9, 1926, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic int. nephritis

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab

(Signed) W. M. Leitzer M. D.

Feb 10, 1926 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet — DATE OF BURIAL: Feb 12 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E07046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 ✓

E07046

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 E Cross ST. 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helene Scheeler

(a) RESIDENCE No. 315 E Cross ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 23 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cashier at

(b) General nature of industry, business, or establishment in which employed (or employer) Wenel Dept Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry L Scheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Frieda E Brehm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Henry L Scheeler

(Address) 315 E Cross st

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31/26 19 . to Feb 11 . 1926 .

that I last saw h alive on Feb 10 pm 19 .

and that death occurred, on the date stated above, at 6 40 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Pulmonary (duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Henry F Holl M. D.

Feb 11 1926 (Address) 1 W 8 Eight St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Feb 15 1926

20 UNDERTAKER John H. Denny — ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E07047

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07047

10v

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Biondo

(a) RESIDENCE No. 618 S. Linwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 14, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Antonio Biondo

11 BIRTHPLACE OF FATHER (city ~~town~~) (State or country) Balto

12 MAIDEN NAME OF MOTHER Isabel Brocato

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Antonio Biondo

(Address) 618 S. Linwood Ave

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

FEB 11 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1926, to Feb 10, 1926, that I last saw him alive on Feb 10, 1926, and that death occurred, on the date stated above, at 12⁰⁰ noon.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated Date of 2/10/26

Was there an autopsy? No

What test confirmed diagnosis? Bac. Diph. Culture

(Signed) Myron S. Tull, M. D.

2/11, 19X (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincent's

DATE OF BURIAL Feb 10 11 1926

20 UNDERTAKER Frank V. Pipistore

ADDRESS 800 E. 32 St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-19-21 M&T 1500 Blks.

E07048

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07048

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Henderson

(a) RESIDENCE NO. Marion, N. Car. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 5, ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	17			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School - 6th

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) N. Car.

PARENTS

10 NAME OF FATHER Thos. Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Car.

12 MAIDEN NAME OF MOTHER Jane Abbott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Car.

14 Informant Records
(Address) Johns Hopkins Hospital

15 Filed ....., 19 .....
Registrar

RAB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1926, to Feb. 10th, 1926, that I last saw her alive on Feb. 10th, 1926, and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Benign-
Adenoma of Hypophysis
(duration) Congenital - yrs. mos. ds.

CONTRIBUTORY (Secondary) Hydrocephalus
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 2-10 26

Was there an autopsy? yes

What test confirmed diagnosis? autopsy, Operation

(Signed) J. S. Hart M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Marion N. C. — DATE OF BURIAL Feb 11 1926

20 UNDERTAKER John O. Mitchell — ADDRESS 1201 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIAN should state carefully supplied.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07049 E07049

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Cathedral ST. 11-2 WARD)

2-FULL NAME Mrs Marie Adel Fields

(a) RESIDENCE No. 1126 Cathedral ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Clarence Fields

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	+	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt (State or country)

PARENTS

10 NAME OF FATHER Louis McLean

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Matilda Crook

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Thos Shriver (Address) 230 W. Lanvale St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10—1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Feb 10, 1926, that I last saw h[illegible] alive on Feb 9, 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clynically

(Signed) John A Evans M. D.

, 19 (Address) 10 E Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL 2/12 1926

UNDERTAKER Chas R. Watkins 1100 W. Mt Royal Ave ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07050 E07050 113

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Balto Gen'l Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland ST. 14-1 WARD)

2-FULL NAME Clarence Watson

(a) RESIDENCE No. 1906 Eddin ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Not married

6 DATE OF BIRTH (month, day, and year) Feb. 1, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	1		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Watson

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Edith Smith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant .....
(Address) .....

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6 19 26

17 I HEREBY CERTIFY, That I attended deceased from 1/6, 19 26 to 2/6, 19 26.

that I last saw him alive on 2/6, 19 26,

and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Acute ileo-colitis

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) F. Mowatt, M. D.

19 ....., (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL .....

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

JOHNS HOPKINS HOSPITAL

S. HAMPSON JONES, M. D.

Assistant Resident Physician

Registrar

Spec.—1-10-21 - M&T 1500 Blks.

E07051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109-002 E07051

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp ST. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy antonikowski

(a) RESIDENCE NO. 628 South Lakewood ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8 1923

7 AGE	2 Years	6 Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Ord

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Michael Antonikowski

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Eva Mruk

13 BIRTHPLACE OF MOTHER (city or town) Balt Md (State or country)

14 Informant Michael Antonikowski (Address) 628 S Lakewood ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-26 19

17 I HEREBY CERTIFY, That I attended deceased from 1-29, 1926, to 2-10, 1926, that I last saw h** alive on 2-10-26, 19, and that death occurred, on the date stated above, at 9.40 p m.

The CAUSE OF DEATH* was as follows:

1. Streptococcus throat

2. Bronchopneumonia

21 days (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Empyema + Toxemia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What tests confirmed diagnosis? Clinical + Lab

(Signed) Dr. Nicholas Covlas M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery — DATE OF BURIAL Feb 13 1926

20 UNDERTAKER George A Weber — ADDRESS 2205 Bank st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07052

CERTIFICATE OF DEATH.

197 E07052

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Hopkins Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah Moran

(a) RESIDENCE NO. 1406 E. Fairmount Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine Moran

6 DATE OF BIRTH (month, day, and year) Dec 1/1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Porer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Savanah Ga

(State or country)

PARENTS

10 NAME OF FATHER Jeff Moran

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ga

12 MAIDEN NAME OF MOTHER Etta Hoyt

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Ga

14 Informant Catharine Moran

(Address) 1406 E. Fairmount Ave

15 Filed _____, 19____

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7/26 192

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to stab wound of heart. (Homicide) (over)

(daration) ___ yrs. ___ mos. ___ ds.

CONTRIBITORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Bales M. D.

(Coroner)

2/11/26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Savannah Ga — Date of Burial: Feb 11 26

20 UNDERTAKER: Edward Bryon — ADDRESS: 163 Orleans St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

(Shema) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07053 — No. E07053

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St.) (Ward) 9-1

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Shema

(a) RESIDENCE NO. 5 v d Rear this Avenue ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Name of wife of Rudolph Shema deceased

6 DATE OF BIRTH (month, day, and year) Unknown 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Rudolph Shema (Son)
(Address)

15 Filed ..... , 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1926, to Feb. 9, 1926, that I last saw h er alive on Feb 9, 1926, and that death occurred, on the date stated above, at 8 20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma stomach

..... (duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes - partial

What test confirmed diagnosis? Autopsy

(Signed) ..... M. D.

2/9, 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Feb 12, 1926
20 UNDERTAKER	ADDRESS
H. C. Wiederfeld	914 Greenmt. Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07054

CERTIFICATE OF DEATH.

90 E07054

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1412 N. Eden St St., 9-1 Ward)

2-FULL NAME William Reid

(a) RESIDENCE NO. 1412 N. Eden St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary K Reid

6 DATE OF BIRTH (month, day, and year): Sept 27/1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): B & O R.R.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Ireland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Mary E. Greenwood

(Address): 1412 N. Eden St

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency (Cardiac)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis-

Senility (duration) .....yrs. .....mos. .....ds.

(Signed) J. F. K. Callin M. D.

(Coroner)

2/11/26 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — Date of Burial: Feby 18th 1926

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 1126 N. Howard St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07055

CERTIFICATE OF DEATH.

90 E07055

1-PLACE OF DEATH

City of BALTIMORE: (No. 913 Edmondson Ave St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Kraft

(a) Residence No. 913 Edmondson Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb 17 1855

7-AGE. 70 yrs. 11 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Pa

PARENTS.

10-NAME OF FATHER Chas. Kraft

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline L Herrmann

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Herbert W. Dove

(Address) 10 J. Chamber of Commerce

15- Filed 192 Registrar.

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 10 1926

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1925 to Feb 10 1926

that I last saw h. alive on Feb 10 1926

and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 1405 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Mem

DATE OF BURIAL. Feb 12, 1926

20-UNDERTAKER. John O Mulcahy

ADDRESS Lafayette

If plain arms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-13—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07056

E07056

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 334 E. 22nd (St.) (Ward) 12-4

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine N. Stowell

(a) RESIDENCE. NO. 334 East 22" ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph H Stowell

6 DATE OF BIRTH (month, day, and year): Nov 2 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79.	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Enoch Nichols

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mass

12 MAIDEN NAME OF MOTHER: Mary Ann O'Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Wm M Stowell (Address) 334 E. 22nd St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from: Oct. 10 1925 to Feb 10 1926

that I last saw her alive on Feb 10 1926

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach.

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): Hypostatic pneumonia.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical symptoms

(Signed) Austin T. Robinson M. D.

2/11. 1926 (Address) 836 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Febry 13 1926
20 UNDERTAKER	ADDRESS
John O. Mitchell	1211 N Arlington Ave

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 14 1926 HAMILTON BRANCH

Spec. 1-10-21 M&T 1500 Blks.

E07057

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07057

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Allen

(a) RESIDENCE NO. 127 Patapsco Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1855.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
70 yr				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John G. Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lindy Hopper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed , 19 RPW Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1925, to Feb. 10, 1926.

that I last saw him alive on Feb. 10, 1926.

and that death occurred, on the date stated above, at 6:20 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

2/11 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gotheburg Del DATE OF BURIAL Feby 13 1926

20 UNDERTAKER Harry R Annacock ADDRESS 4204 Edgewood Ave

GEORGE C. HAMPSON JONES, M.D.

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07058

100-001 E07058

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1415 W Mulberry ST. 14-1 WARD)

2-FULL NAME Earl Francis Wilkes

(a) RESIDENCE NO. 1415 - W - Mulberry ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Paul Wilkes

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) North Humphreys Co Miss

12 MAIDEN NAME OF MOTHER Viola Chunn

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) North Humphreys Co Miss

14 Informant Viola Wilkes Mother
(Address) 1415 W. Mulberry St

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1926, to Feb 10, 1926, that I last saw h... alive on Feb 9, 1926, and that death occurred, on the date stated above, at 10.55 a m.

The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia

(b) Tuberculosis

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At place of Work

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm. J. Rosin, M. D.

, 19 (Address) 1210 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Feb 12th 1926

20 UNDERTAKER A. Jones

ADDRESS 1113 S. Gilmor St

TION is very important See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07059

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital #1.
CITY OF BALTIMORE: (No. Baltimore. Md. ST. 1 WARD)

REGISTERED NO. 101-001 E07059
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John O'Leary (Foot of 6 was st.)

(a) RESIDENCE NO. Head S/S Broeton, Baltimore, Md. ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? 6 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or) Wife of~~ Bridget Britt

6 DATE OF BIRTH (month, day and year) — — 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) Waterman
(c) Name of employer S/S. Broeton.

9 BIRTHPLACE (city or town) (State or country) Newfoundland

PARENTS
10 NAME OF FATHER William Cleary
11 BIRTHPLACE OF FATHER (city or town) (State or country) Newfoundland U.S.
12 MAIDEN NAME OF MOTHER Julia Hare
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Newfoundland

14 Informant Self.
(Address)

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926. to Feb. 11, 1926.
that I last saw him alive on Feb 11, 1926.
and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:
Pneumonia, lobar

(duration) ..... yrs. mos 6 ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of —
Was there an autopsy? No.
What test confirmed diagnosis? Typical findings + Laboratory test
(Signed) H. D. Fowler, M. D.
, 19 (Address) U. S. Marine Hospital #1. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leonard F.C. DATE OF BURIAL Feb 19 26

20 UNDERTAKER J. Edward Davis ADDRESS 101 E. Eighth St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T- 1500 Bks.

E07060

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07060

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Sq Hospital

REGISTERED NO. 19-1 × 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME John T. Mellor

(a) RESIDENCE NO. Woodlawn Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Winter Mellor

6 DATE OF BIRTH (month, day, and year): 5, 1844

7 AGE: Years 82 — Months 1 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joshua Mellor

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Elizabeth Wolfington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Martha Wateas
(Address): Woodlawn, Maryland

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 19 26.

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 19 26, to Feb 9 19 26.

that I last saw him alive on Feb 9 19 26.

and that death occurred, on the date stated above, at 7PM.

The CAUSE OF DEATH* was as follows:

Fatal Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Chas Anthony, M. D.

Feb 9, 1926 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, REMOVAL OR CREMATION: Howard Co. St. Barnabas P. E. Church Cem.

DATE OF BURIAL: Feb. 12 1926

20 UNDERTAKER: Eastern Sons

ADDRESS: Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E07061

HEALTH DEPARTMENT—CITY OF BALTIMORE

002

E07061

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 Woodland Ave ST. 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles T. Moxley

(a) RESIDENCE No. 16 Woodland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Moxley

6 DATE OF BIRTH (month, day, and year): November 3, 1860

7 AGE — Years: 65 Months: 3 Days: 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Charles T. Moxley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Caroline Mellineaux

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: George E. Luttrell

(Address): 16 Woodland Ave.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 26, 1926, to Feb 9, 1926, that I last saw him alive on Feb 9, 1926 and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Acute Prostatitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Geo. E. Lutrell M. D.

Feb 10 1926 (Address) 2717 Harford Rd Balto, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb. 12 1926

20 UNDERTAKER: Easton Sons — ADDRESS: Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07062 101,001 E07062

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3204 Grantley St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Warden Browne

(a) Residence No. 3204 Grantley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-~~Single,~~ Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND ~~of (or) WIFE~~ of Margaret Browne

6-DATE OF BIRTH (month, day and year) July-10-1879

7-AGE, 46 yrs. 7 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Md. Dept.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Newark Ohio

PARENTS.

10-NAME OF FATHER, Frank Browne

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ohio

12-MAIDEN NAME OF MOTHER, Nanette Harwood

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Kentucky

14- (Informant) Mrs. Margaret Browne

(Address) 3204 Grantley St.

15-

Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 10/1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 10, 1926 to Feb 10, 1926

that I last saw him alive on Feb 10, 1926

and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Fatty Degeneration of Heart muscles

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ~~yes~~

Did an operation precede death? ~~yes~~ Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Hanson M. D.

2/11, 1926 (Address) 390 Garrison Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Newark, Ohio — DATE OF BURIAL, Feb. 11, 1926

20-UNDERTAKER, Hughes & Jones Inc — ADDRESS 424 N. Broadway

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E07063

STATE OF MARYLAND
CERTIFICATE OF DEATH

E07063

Registration Dist. No. 49

1 PLACE OF DEATH

County Baltimore

Village or City Baltimore (No. Home for Incurables St.: 17-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Miss Emma Beall

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
female	White	Single

6 DATE OF BIRTH: Aug - 24 (Month) (Day), 1851 (Year)

7 AGE: 74 yrs. 5 mos. 13 ds. | If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION
(a) Trade, profession or particular kind of work: ...
(b) General nature of industry business, or establishment in which employed or (employer): ...

9 BIRTHPLACE (State or country): Md -

PARENTS

10 NAME OF FATHER: Alpheus Beall

11 BIRTHPLACE OF FATHER (State or country): Md -

12 MAIDEN NAME OF MOTHER: Jane Walker

13 BIRTHPLACE OF MOTHER (State or country): Md -

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Home for Incurables

(Address) 21st St. & Guilford Ave

15 Filed ... 192 ... Registrar: RPM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb - 10 (Month) (Day), 1926 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Dec - 5 1925 to Feb - 10, 1926, that I last saw her alive on Feb - 9 - , 1926, and that death occured on the date stated above, at 6.5 P.M.

The CAUSE OF DEATH was as follows:

Metastatic Carcinoma of intestines and abdominal wall -

(Duration) ... yrs. 4 mos. ... ds.

Contributory / Secondary: Carcinoma of breast

Excised 1922 (Duration) ... yrs. ... mos. ... ds.

(Signed) Wm J Mayo M. D.

Feby 10 1926 (Address) Lafayette Apartments

(State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ... yrs. 7 mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence: Baltimore - Md

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb. 17 1926

20 UNDERTAKER: Myers & Son Co. — ADDRESS: Hart & Body

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Spec.—1-10-21—M&T—1500 Bks.

V1425

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07064

CERTIFICATE OF DEATH.

101-001

E07064

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 W. Lafayette Ave. ST.) 11-1 WARD)

2-FULL NAME Charles E. Hochtel

(a) RESIDENCE NO. 122 W. Lafayette Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a ~~If married~~, widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Ella M. 1858

6 DATE OF BIRTH (month, day, and year) Oct. 26 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~Last Birthday~~	67	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Court Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Balto

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John C. Hochtel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Auspach Bavaria

12 MAIDEN NAME OF MOTHER Henrietta Zellers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baden

14 Informant Dr. Hochtel
(Address) 122 W. Lafayette Ave

15 Filed ..... 19 ..... Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3 1926 to Feb. 9 1926.

that I last saw h[im] alive on Feb 9 1926

and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Holmes, M. D.

2/11, 1926 (Address) 701 N. Howard Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem.

DATE OF BURIAL Feb 12 1926

20 UNDERTAKER Henry W. Jenkins Sons

ADDRESS Orchard & McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 12 1926 HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07065

CERTIFICATE OF DEATH.

91-002 E07065

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 929 N Eden ST., 10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Wolfel

(a) RESIDENCE NO. 929 N Eden ST., 10 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Wolfel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. J. Henry Ruppert

(Address) 1317 N Central Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11 1926

17 I HEREBY CERTIFY, That I attended deceased from January 24, 1926, to Feby 11th, 1926, that I last saw her alive on Feby 10th, 1926, and that death occurred, on the date stated above, at 12:45 m.

The CAUSE OF DEATH* was as follows:

Uterine Cancer

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. H. Howard, M. D.

(Address) 1801 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Feby 13 1926
20 UNDERTAKER	ADDRESS
Henry Houck Son	1801 E Eager St

FEB 12 1926 Hampton Davis M.D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E67066

CERTIFICATE OF DEATH.

E67066

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (St.) 16-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edmund A. Mueller

(a) RESIDENCE NO. 729 Ensor St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 24, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Edmund J Mueller

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Stadler

13 BIRTHPLACE OF MOTHER (city or town) Ga (State or country)

14 Informant Edmund J Mueller

(Address) 729 Ensor St

15 Filed , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 2, 1926, to Feb 10, 1926,

that I last saw him alive on Feb 10, 1926,

and that death occurred, on the date stated above, at 8 45 P m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Byron G. Dell, M. D.

2/11 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemy — DATE OF BURIAL: Feb 12 1926

20 UNDERTAKER: Henry Hoen Son — ADDRESS: 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07067

CERTIFICATE OF DEATH.

90 ✓ E07067

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 216 N Jas Fer ST. H-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Miles

(a) RESIDENCE NO. 216 N Jasper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Rev. Jas Kemp (Address)

15 Filed Dec 16, 1924 Jas Kemp Registrar

RR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 24

17 I HEREBY ~~CERTIFY~~, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic

(duration) yrs. mos. ds.

(Signed) H. E. Blake, M. D.
(Coroner)
Dec 10, 192 4 (Address) 113 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn cem. DATE OF BURIAL 12 192 4

20 UNDERTAKER Wheeler Bros ADDRESS 316 Hanover

TION is very important. See instructions on back of certificate.

Cor.—1-12-26—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07068

CERTIFICATE OF DEATH.

E07068

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 184 W. Hill St. ST., 22-2 WARD)

REGISTERED NO. 1-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Brown.(C)

(a) RESIDENCE NO. 184 W. Hill St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 3, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	5	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Walter Brown.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Isabelle Jones.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Isabelle Brown.(C) mother.
(Address) 184 W. Hill St.

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 10, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) Otto M Reinhardt (Coroner.), M. D.

Feb. 11, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	2-12 1926
20 UNDERTAKER John H. Toadvine	ADDRESS 1027 Druid Hill

PLEASE WRITE PLAINLY. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07069

CERTIFICATE OF DEATH.

90 E07069

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 904 William ST. 24-1 WARD)

2-FULL NAME Walter R Sauerhoff

(a) RESIDENCE NO. 904 William ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Sauerhoff

6 DATE OF BIRTH (month, day, and year): June 18 1845

7 AGE: Years 80 Months 7 Days 22 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 0 31

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Sauerhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant (Address): Josephine Sauerhoff 904 William St

15 Filed ..., 19 ... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7th, 1926, to Feb. 9th, 1926, that I last saw him alive on Feb 9th, 1926, and that death occurred, on the date stated above, at 8 P.M. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma and aortic regurgitation of heart

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Thomas Mitchell, M. D.

2/11, 1926 (Address) 4426 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Feb 12 1926

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

CAUSE OF DEATH to be plain (Firms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 12 1926 HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07070

CERTIFICATE OF DEATH.

11-001

11 E07070

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 206 N. Linwood St. (Ward) 6-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L. Berkley

(a) RESIDENCE NO. 206 N. Linwood St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: late Chas. F. Berkley

6 DATE OF BIRTH (month, day, and year): May 3/44

7 AGE — Years: 81 Months: 9 Days: 6 If LESS than 1 day, ...hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer: do

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Geo. Heim

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Fredericka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Fred. Berkley

(Address) 206 N. Linwood St.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/9 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to Feb. 9, 1926.

that I last saw her alive on " 9, 1926

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): Grippe

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C. Street, M. D.

2/12/26 (Address) 408 S. Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — DATE OF BURIAL: 2/13 1926

20 UNDERTAKER: Philip Herwig — ADDRESS: 2016 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07071 — 128 — E07071

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 177 N Wolfe ST. 6-E WARD)

2-FULL NAME Laura Letmate.

(a) RESIDENCE NO. 177 N Wolfe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Letmate

6 DATE OF BIRTH (month, day, and year): Sept 7 - 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Salisbury Md

PARENTS

10 NAME OF FATHER: George Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Na

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont Know

14 Informant: Charles Letmate
(Address) 177 N Wolfe St

15 Filed ....., 19.. R.L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/10/1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 31, 1926, to Feby 10, 1926,

that I last saw her alive on Feby 7, 1926,

and that death occurred, on the date stated above, at 9:55 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia and Acute Nephritis

(duration) yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary): Chronic Colitis

(duration) yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Sym Clinical

(Signed) ..... M. D.

Feby 11, 1926 (Address) 2214 E. 39th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: 2/12 1926

20 UNDERTAKER: John Lee & Co

ADDRESS: 228 Broadway

TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07072

CERTIFICATE OF DEATH.

90 E07072

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Thomas Ave ST., 15-9 WARD)

2-FULL NAME Mrs. Laura Virginia DuBreuil

(a) RESIDENCE NO 1627 Thomas Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Armand H DuBreuil

6 DATE OF BIRTH (month, day, and year) 9/12/1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	60	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John L Brandenburg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Brandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Armand H DuBreuil

(Address) 1627 Thomas Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 10th 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feby. 8th, 1926, to Feby 10th, 1926.

that I last saw her alive on Feby. 10th, 1926

and that death occurred, on the date stated above, at 6:20 P. m.

The CAUSE OF DEATH* was as follows: Bronchopneumonia or hypostatic pneumonia. Complicating Influenza. Diagnosis has been made uncertain by chronic mitral regurgitation and cardiac dilatation as contributory elements. Acute condition lasted only 7 days after 2 days illness. Duration: ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted? (if not at place of death) Was sick 2 or 3 days there.

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Nothing special,

(Signed) O. H. Hoffman, M. D.

2/11, 1926 (Address) 3400 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	2/13 1926
20 UNDERTAKER	ADDRESS
George J Ruth	1730 Harford

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E07073 — 11-001 — E07073

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) #5- Benonclyne ST., 8-1 WARD)

2-FULL NAME Mary Keil

(a) RESIDENCE NO. #5 Benonclyne ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fema

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Keil.

6 DATE OF BIRTH (month, day, and year) 12/2/1881

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	44	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Oswald Swartz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) German.

12 MAIDEN NAME OF MOTHER Elij. Shue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germy.

14 Informant (Address) John Keil #5-1 Benonclyne

15 Filed . 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17 I HEREBY CERTIFY, That I attended deceased from (a) Jan 30, 1926, to Feb 10, 1926, that I last saw h alive on Feb 10, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John W. Henderson M. D.

. 19 (Address) 1714 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL 2/13 1926

20 UNDERTAKER Geo. J. Ruth & Son ADDRESS 733 Hanover St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07074

CERTIFICATE OF DEATH.

5 E07074

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3042 Dillon ST., 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara S. Hopkins

(a) RESIDENCE NO. 3042 Dillon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James T. Hopkins

6 DATE OF BIRTH (month, day, and year) May 1- 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Mcbonnick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A. Rourke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Reading, Pa.

14 Informant James T. Hopkins

(Address) 3042 Dillon St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 28/26, 19..., to Feb 9, 19 26,

that I last saw him alive on Feb 9/26, 19...,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Complete -

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Diabetes mellitus -

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H J Gorm — M. D.

(Address) 6 E Lexington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Feb. 13 1926

20 UNDERTAKER: Zirkler + Zirkler — ADDRESS: 1739 E. Eager

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E07075

CERTIFICATE OF DEATH.

90 E07075

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Washington ST., 7-2 WARD)

2-FULL NAME William Thomas Cullen

(a) RESIDENCE NO. 623 N. Washington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth B. Cullen

6 DATE OF BIRTH (month, day, and year) Oct 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	84	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Carpenter 615

(b) General nature of industry, business, or establishment in which employed (or employer) Navy Yard worked for

(c) Name of employer Yarn for

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William Cullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dublin Ireland

12 MAIDEN NAME OF MOTHER E. Nicol

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant Mrs. Ida Morgan
(Address) 623 N. Washington St.

15 Filed ....., 19 .....

K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1926, to Feb 11, 1926,

that I last saw him alive on Feb 10, 1926,

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Infirmities of age

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) Gradual weakness yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Howard C. Silver, M. D.

Feb 12 1926 (Address) 3706 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb. 13 1926
20 UNDERTAKER	ADDRESS
Zirkler + Zirkler	1739 E. Eager St.

CAUSE OF DEATH. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Give full particulars, so that it may be properly classified.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07076 CERTIFICATE OF DEATH. 145-001

REGISTERED NO. E07076

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen'l Hosp ST., WARD)

2-FULL NAME Dora Farson.

(a) RESIDENCE NO. 1212 S 1st St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harold Farson.

6 DATE OF BIRTH (month, day, and year) Nov. 12. 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	28	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Evangel Wielage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Harold Farson (Address) 1212 S. First St.

15 Filed ..., 19 ... Registrar KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1926, to Feb 11, 1926.

that I last saw h alive on Feb 11, 1926.

and that death occurred, on the date stated above, at 6 00 a m.

The CAUSE OF DEATH* was as follows:

Shock; - Cardiac Insufficiency

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Nephritis - Eclampsia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Feb 11-26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James H. Nelson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Feb 15 1926

20 UNDERTAKER Zirkler + Zirkler ADDRESS 1739 E. Eager st.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E07077 99-001 E07077

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 916 (Street) Pierce ST., (Ward) 16-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Howard Jones

(a) RESIDENCE No. 916 (Street) Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 48; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 641

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Dennis Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Clara Bailey

(Address) 916 Pierce

15 Filed ..., 19 ... Registrar RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to Feb 9, 1926, that I last saw h[er] alive on Feb 9, 1926, and that death occurred, on the date stated above, at one o m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J. R. Cassey, M. D.

2-11-1926 (Address) 753 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 12 1926

20 UNDERTAKER: Sam'l R Chase & Son — ADDRESS: 1400 Madison

TION is very important. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07078 X 11-001 E07078

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 N Mount ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Stokely

(Residence in Baltimore: No. 10 N. Mount St.; yrs. 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 9, 1903 (Month) (Day) (Year)

7-AGE, 23 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 37

9-BIRTHPLACE, (State or Country), Essex Co Va

PARENTS.

10-NAME OF FATHER, Farmer Washington

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Lucy Oakley

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ralph Stokely

(Address) 10 N. Mount St

15-

Filed ....., 191.... R/L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-6-1926, to 2-8-1926, that I saw h alive on 2-8-1926, and that death occurred, on the date stated above, at 5.30 am

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) yrs. mos. 7 ds.

(Signed) Wm R Stanton M. D.

2/9/, 1926 (Address) 708 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Virginia

19-PLACE OF BURIAL OR REMOVAL, Baptist Church Essex Co Va DATE OF BURIAL. Feb 12, 1926

20-UNDERTAKER Sam'l Crane Sons ADDRESS 1100 Madison

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E07079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-002 E07079

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N Gilmor ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Boston

(a) RESIDENCE NO. 209 N Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) ~~WIFE of~~ HUSBAND of: Rachel Boston

6 DATE OF BIRTH (month, day, and year): May 1, 1866

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Annapolis Md

PARENTS

10 NAME OF FATHER: John Boston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emmaly Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Rachel Boston 209 N Gilmor

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): ~~July~~ July 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1926. to July 10. 1926

that I last saw him alive on July 9, 1926

and that death occurred, on the date stated above, at 4. a m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) W. S. Fowler M. D.

July 9, 1926 (Address) 419 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: July 13 1926

20 UNDERTAKER: Wm. H. Chase & Son — ADDRESS: 1451 Madison

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07080

CERTIFICATE OF DEATH.

74-001 E07080

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1620 W Lexington St., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hayes

(a) RESIDENCE NO. 1620 W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred about 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1836

7 AGE 90

Years	Months	Days	If LESS than 1 day, hrs. or min.
89			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. D. E. Mack (Address) 2133 Druid Hill Ave.

15 Filed , 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10/1926

17

I HEREBY CERTIFY, That I attended deceased from 2/7/, 1926, to 2/10/1926, that I last saw her alive on 2/9/, 1926, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) C. M. Lawrence, M. D.

, 19 (Address) 1232 W. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cem

DATE OF BURIAL 2/12 1926

20 UNDERTAKER Samuel A. Hensley

ADDRESS 578 N. Eddle

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07081

CERTIFICATE OF DEATH.

E07081

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4558 St George Ave ST. Govans WARD) 21

2-FULL NAME Ida Virginia Ridenour

(a) RESIDENCE NO. 4558 St George Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 21 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 26 - 1924

7 AGE: Years 1 | Months 9 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 000

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Howard C. Ridenour

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Daisy Hardy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Howard G. Ridenour Father
(Address) 4558 St George ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6th, 1926, to Feb 11th, 1926, that I last saw h alive on Feb 11th, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Rubeola.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) L. L. Gordy, M. D.

2-12 1926 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oblongton Cemetery (Abingdon, Harford Co.)

DATE OF BURIAL: Feb 13 1926

20 UNDERTAKER: Henry Lutz

ADDRESS 1203 N. Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07082

CERTIFICATE OF DEATH.

90

REGISTERED NO. E07082

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 Frederick Ave. ST. 20-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Carson.

(a) RESIDENCE No. 3606 Frederick Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Carson.

6 DATE OF BIRTH (month, day, and year) Sept. 15th. 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore City.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Charles W. Carson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Fager.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mrs. Emma Carson. (wife)

(Address) 3606 Frederick Ave.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10, 1926

17

I HEREBY CERTIFY, That I attended deceased from 1/10, 1926, to 2/10, 1926.

that I last saw h alive on 2/10, 1926.

and that death occurred, on the date stated above, at 11 40 a. m.

The CAUSE OF DEATH* was as follows:

Hyp. ch. of Coronary vessels of heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis of Coronary vessels

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hodson & Hudnuts

(Signed) M. D.

, 19 (Address) 326 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery.

DATE OF BURIAL: Feb 13, 1926

20 UNDERTAKER: George J. Smith.

ADDRESS: 1537 Pulaski St

TION is very important. See instructions on back of certificates.

Spec. 1-10-21—M&T—1500 Blks.

E07083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E07083

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 201 Chevy ST. 25-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily S. Schultz

(a) RESIDENCE NO. 201 Chevy St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Schultz

6 DATE OF BIRTH (month, day, and year): Nov 1887

7 AGE: Years 38; Months —; Days —; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Conrad Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bremen

12 MAIDEN NAME OF MOTHER: Josepha Stratas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bremen

14 Informant: Francis Schultz

(Address) 201 Chevy St

15 Filed ....., 19 .... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 13, 1926, to Feb 11, 1926,

that I last saw h[illegible] alive on Feb 10, 1926,

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Brooke, M. D.

, 1926 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: Feb 18 1926

20 UNDERTAKER: Ernest Erickson — ADDRESS: 1906 Eastern Ave

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07084

CERTIFICATE OF DEATH.

100-001
E07084

1-PLACE OF DEATH

City of BALTIMORE: (No. 1205 Gough street St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pierina Pratosi

(a) Residence No. 1205 Gough street St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female.

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 27 1922

7-AGE, 3 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore md. (State or Country),

PARENTS.

10-NAME OF FATHER William Pratosi

11-BIRTHPLACE OF FATHER (city or town) Italy (State or Country),

12-MAIDEN NAME OF MOTHER Victoria Deangelo

13-BIRTHPLACE OF MOTHER (city or town) Italy (State or Country),

11- (Informant) William Pratosi

(Address) 1205 Gough street

15-

Filed ..... 192.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 11/26.

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1926 to Feb 11 1926

that I last saw h[illegible] alive on Feb 11 1926

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) none

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

Feb 12 1926 (Address) 14 Brust

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 13 1926

20-UNDERTAKER, Frank Goodson — ADDRESS 1900 Eastern

Instructions on back of certificates.

Spec.—I-10-21—M&T—1500 Bks.

Dr Henning Payment Hollins 2000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07085

CERTIFICATE OF DEATH.

31 E07085

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 Christian ST., W-6 WARD)

2-FULL NAME Edward J High

(a) RESIDENCE NO. 2225 Christian ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna High

6 DATE OF BIRTH (month, day, and year) Dec 26, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 062

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Int Glass Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George W High

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Harriett Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Johanna High (Address) 2225 Christian St

15 Filed ....., 19 ..... Registrar RDC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 5, 1926, to Feb 10, 1926, that I last saw him alive on Feb 10, 1926, and that death occurred, on the date stated above, at 8 25 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wells Henning M. D.

2/11, 1926 (Address) 2000 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL Feb 13 1926

20 UNDERTAKER William Cook — ADDRESS 502 E Monument

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07086

CERTIFICATE OF DEATH.

90 E07086

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 N Bentalou ST., 16-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mordecai B Stockedale

(a) RESIDENCE NO. 1019 N Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth R Stockedale

6 DATE OF BIRTH (month, day, and year) April 25 70

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	10	15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) C & S Bureau

(c) Name of employer Same

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Stephen B Stockedale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lockey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Elizabeth R Stockedale (Address) 1019 N Bentalou

15 Filed FEB 12 1926, 19 Registrar PSK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1925, to Feb 10, 1926, that I last saw him alive on Feb 9, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation.

(duration) Many yrs. mos. ds.

CONTRIBUTOR (Secondary) Chronic Myocarditis Insufficiency

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) G Carroll Lockard M. D.

FEB 12 1926 (Address) 4 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frankelburg Md — DATE OF BURIAL Feb 12 1926

20 UNDERTAKER W M Rowton — ADDRESS 2238 N North

FEB 12 1926 MPSON JONES, M.D.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07087 — 40 E07087

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 108 N 25 St ..... St., 17-3 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irvey O Carr

(a) Residence No. 108 N 25 ..... St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): M

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm H Carr

6-DATE OF BIRTH (month, day and year): Jan 21/1860

7-AGE: 65 yrs. ..... mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): Work

(c) Name of employer: At Home

9-BIRTHPLACE (city or town) (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Wm H Hurley

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Margaret Ferguson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14-

(Informant): Mrs Keene

(Address): 108 N 25 St

15-

Filed ..... 192.....

RJL Registrar.

FEB 12 1926 FRANCIS E. JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 11 26

17- I HEREBY CERTIFY, That I attended deceased from Feb 7th, 19 26 to Feb 11th, 19 26

that I last saw h[illegible] alive on Feb 11th 19 26

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) myocardial degeneration Cirrhosis Aedema

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Reynold E Cross M. D

, 19 (Address) 28 W. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Feb 15, 1926

20-UNDERTAKER: H M Routson — ADDRESS: 223 N Paca

Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07088

CERTIFICATE OF DEATH.

57 E07088

1-PLACE OF DEATH

Registered No. .....

City of BALTIMORE: (No. 810 Ridgely St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Wehnert

(a) Residence No. 810 Ridgely St., St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. — mos. — ds. How long in U. S., if of foreign birth? 69 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 77 yrs. mos. dls.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Wm. Wehnert

(Address) 810 Ridgely Street

15-

Filed ....., 19?

Registrar.

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-11-26

17- I HEREBY CERTIFY, That I attended deceased from 2-1-, 1926, to 2-11-, 1926

that I last saw h[illegible]alive on 2-11- 1926

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Gangrene of foot

(Duration) 1 yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herbert A. Davis, M. D.

, 19 (Address) 1407 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Feb. 13, 1926

20-UNDERTAKER, John Gadelinnekas

ADDRESS 425 S. Paca St

E07089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1924 E07089

REGISTERED NO C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Colonial Hosp. St 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma Rush

(Residence in Baltimore: No. 586 Baker St. St: yrs. mos. ds.)

Lit

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	colored	single

6-DATE OF BIRTH, April (Month) 1 (Day), 1920 (Year)

7-AGE, 5 yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Rush

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Sadie Blackwell

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Rush

(Address) 586 Baker St.

15-

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree burns of body (accidental) Clothes caught fire while playing with matches (Duration) yrs mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia (Duration) yrs mos. 2 ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Feb. 11, 1926 (Address) 2802 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs. ...mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Feb 12, 1926

20-UNDERTAKER Mrs Jas. H. Dennis Per T. G. Kelson

ADDRESS 1303 Presstman St.

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E07090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E07090

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 Mc Elderry St. ST., 7-1 WARD)

2-FULL NAME James Armstrong

(a) RESIDENCE No. 1635 Mc Elderry St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colred

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Katie Armstrong.

6 DATE OF BIRTH (month, day, and year): Dec 24/1867

7 AGE: Years 58yrs; Months 1; Days 17 days; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): Worked for himself

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Marys Co. Maryland

PARENTS

10 NAME OF FATHER: Jain Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co Maryland

12 MAIDEN NAME OF MOTHER: Dolphis Saunders

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Maryland

14 Informant: Katie Armstrong (Address) 1635 Mc Elderry St

15 Filed ....., 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 / 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 20, 1925, to Feb 10, 1926

that I last saw him alive on Feb 9th, 1926

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum positive tuberculosis

(Signed) Richard L Eastwood, M. D.

, 19 (Address) 1514 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral cemetery — DATE OF BURIAL: Feb 13 1926

20 UNDERTAKER: Edward Bryan — ADDRESS 1691 orleans st

TION is very important. See instructions on back of certificates.

Louisa Belmore.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07091 — CERTIFICATE OF DEATH. — 90 E07091

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 207 Arsquith ST., 5-W WARD)

2-FULL NAME Louisa Belmore

(a) RESIDENCE NO. 207 Arsquith ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): 1846

7 AGE — Years: 79 (80) — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: [illegible] (60)

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): unk

12 MAIDEN NAME OF MOTHER: unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unk

14 Informant: Mrs Mary Hendley (Address) 201 Arsquith

15 Filed ..... 19 ..... R K, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 6, 1925, to Feb 9, 1926, that I last saw her alive on Feb 10, 1926 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

Edema of lungs (duration) 2 yrs. mos ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) George S Allen M. D.

2/12, 1926 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem.

DATE OF BURIAL: Feb 1926

20 UNDERTAKER: Wm J. G. Locks

ADDRESS: 1302 Jeffers

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07092

CERTIFICATE OF DEATH.

90 E07092

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 605 S. Glover St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Kauffman

(a) RESIDENCE NO. 605 S Glover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Kauffman

6 DATE OF BIRTH (month, day, and year) Aug 18. 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work night watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 062

(c) Name of employer Baltimore Copper Co

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Kauffman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wm Kauffman

(Address) 605 S. Glover

15 Filed....., 19..... RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) yrs. mos. ds.

(Signed) James McKenna M. D.

(Coroner)

2 11 1926 (Address) 700 Cross

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Date of Burial Feb 13 1926

20 UNDERTAKER John A Weber ADDRESS 1803 Bank St

Very important. See instructions on back of certificate. LEAVE STATEMENT OF OCCUPATION IN BLANK IF PART TIME, SO THAT IT MAY BE PROPERLY CLASSIFIED.

Cor.—12-9-25—A Co.—200 Bks

WALTER KRZYSTYNSKI

HEALTH DEPARTMENT—CITY OF BALTIMORE

B07093

CERTIFICATE OF DEATH.

B07093

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 523 S Ann St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Krzyszynski

(a) RESIDENCE NO. 523 S Ann St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 24 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) md

PARENTS

10 NAME OF FATHER Wiktor Krzystynski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Agnes Hes

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) md

14 Informant Mr Wiktor Krzystynski

(Address) 523 S Ann St

15 Filed..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY measles

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jones M Taylor M. D.

(Coroner)

2/11 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial 2/13 1926.

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07094 — CERTIFICATE OF DEATH. — 11-002 E07094

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S Madeira St., 1-1 WARD)

REGISTERED NO. [redacted]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Edna Willard

(a) RESIDENCE No. 24 S Madeira ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1y. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word)
Fem	White	Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - Infant -

6 DATE OF BIRTH (month, day, and year) 12.28.25

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Burl D. Willard

11 BIRTHPLACE OF FATHER (city or town) Halifax Co Va (State or country)

12 MAIDEN NAME OF MOTHER Olive Eldridge

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Mrs Burl D. Willard (Address) 24 S Madeira St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2.11 1926

17 I HEREBY CERTIFY, That I attended deceased from 2.10, 1926, to 2.11, 1926, that I last saw h[illegible] alive on 2.11, 1926, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Convulsions 7 hours
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fever 6 hours
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) L J Burlington, M. D.

2.11 1926 (Address) 1026 Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lchwartz — DATE OF BURIAL Feb 12 1926

20 UNDERTAKER Wendell Dippel & Co — ADDRESS 37 Lanvale St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E07095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E07095

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1772 E North Ave St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna L Bramble

(a) Residence No. 1772 E North Ave St.

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE: Mary E Bramble

6-DATE OF BIRTH (month, day and year): Sept 22-1869

7-AGE: 56 yrs. 4 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Lt Fire Dept

(b) General nature of industry, business, or establishment in which employed (or employer): 03 V

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Harford Co Md

PARENTS.

10-NAME OF FATHER: John Bramble

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Harford Co Md

12-MAIDEN NAME OF MOTHER: Mary Sneeder

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Harford Co Md

14-

(Informant) Mary E Bramble

(Address) 1772 E North Ave

15-

Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 11 1926

17- I HEREBY CERTIFY, That I attended deceased from August 20 19 21 to Feb 11 19 26 that I last saw him alive on Feb 10 19 26 and that death occurred, on the date stated above, at 3.45 A m.

The CAUSE OF DEATH* was as follows:

(a) Cardio vascular hypertension

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) (a) Cardiac dilatation

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George M Fuller M. D.

2/11 19 26 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
London Park	2-13 19 26
20-UNDERTAKER.	ADDRESS
Robert Brooks & Son	Calhoun & Hollins

Spec.—1-10-21 M&T 1500 Bks.

E07696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E07696

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 37. South Potomac St. (ST.) 11-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton A. Hechmolf

(a) RESIDENCE NO. 37. S. Potomac St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred all yrs life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	M.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Gen. Hechmolf

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Elz. Zielig

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Mrs. Hechmolf (wife)
(Address) 37. S. Potomac

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 19 26.

17

I HEREBY CERTIFY, That I attended deceased from Febr. 2 , 1926 , to Febr. 9 , 1926 .

that I last saw h[illegible] alive on Febr. 9 , 1926 .

and that death occurred, on the date stated above, at 8.55A. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. Artigiani, M. D.

, 19 (Address) 2942 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL 2-13 1926

20 UNDERTAKER John A Moran ADDRESS 3000 E Balto St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E07097

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07097

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Incurable Home

CITY OF BALTIMORE: (No. 2100 E. Balto. ST., 1-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pincus Berman

(a) RESIDENCE NO. 2923 O'Donnel ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced WIFE of (or) HUSBAND of: Selma Berman

6 DATE OF BIRTH (month, day, and year): ——— 1836

7 AGE — Years: 90 — Months: — — Days: — — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Meyer Berman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Mindel ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Soloman Berman

(Address): 2923 O'Donnel St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 12th 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 6, 1925, to Feb 12, 1926,

that I last saw h[illegible] alive on Feb 11, 1926,

and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 3 yrs. 8 mos ds.

CONTRIBUTORY (Secondary): myocardial insufficiency

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 1810 E. Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run — DATE OF BURIAL: 2-12-1926

20 UNDERTAKER: Jack Levin, 1439 E. Balto — ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—7-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07098 E07098

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (St.) 12-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert M. Tomlinson

(a) RESIDENCE No. 2323 Barclay St. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 29, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Harry Tomlinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Viola Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Harry Tomlinson
(Address) 2323 Barclay St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1926, to Feb 11, 1926, that I last saw him alive on Feb 11, 1926, and that death occurred, on the date stated above, at 10 35 a.m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) ..... yrs. ..... mos 18 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron B. Tull M. D.

2/12 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Hampden — DATE OF BURIAL Feb 13 1926

20 UNDERTAKER Chenoweth Son — ADDRESS 617 Chestnut

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E07099

CERTIFICATE OF DEATH.

E07099

1-PLACE OF DEATH West Baltimore General Hosp.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Cleveland & Rayner ave ST. [illegible] WARD)

2-FULL NAME Howard. Sterling.

(a) RESIDENCE NO. 3009 St. Paul ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ..... min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Public accountant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jerome C. Sterling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Josephine (Ulerman)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles C. Sterling
(Address) Crisfield Md.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1926, to Feb. 11th, 1926, that I last saw him alive on Feb. 11th, 1926, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) ..... yrs. ..... mos. 2 Hrs ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Carl Hunt Wilkinson, M. D.

, 19 (Address) West Balto Md Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crisfield Md.

DATE OF BURIAL Feb 14 1926

20 UNDERTAKER Harry A Whitelee

ADDRESS 1511 Cleveland

27.

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07100 — 100-001 — E07100

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hosp' ST., 5-1 WARD)

2-FULL NAME Clyde Camp

(a) RESIDENCE NO. 136 East St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lina Camp.

6 DATE OF BIRTH (month, day, and year) Unknown 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Victor Camp

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Lina Camp
(Address) 136 East St

15 Filed ....., 192 .....
JK. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) H. C. Elder, M. D.
(Coroner.)
Feb 10, 192 (Address) 1430 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore A. C.	Feb 12 1926
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1720 Baker

Cor.—1-12-23—M&T—100 Bkn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07101 188-003 E07101

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Colonial Hosp ST. [illegible] (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A Burke

(a) RESIDENCE NO. 601 S Paca ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Coal wagon Helper
(b) General nature of industry, business, or establishment in which employed (or employer): Easton Coal Co
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edward Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hester Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Eugenia Burke
(Address) 601 N. Paca st

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto Accident
Fracture of Skull
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)
192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Lawn Md — DATE OF BURIAL Feb 12 1926

20 UNDERTAKER David Easton — ADDRESS Gaine

Spec—12-23-21—E.B.R.S.—400 Bks.

207102

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 207102

CERTIFICATE OF DEATH

14-1

1-PLACE OF DEATH Baltimore City Hospitals — Registered No.

City of BALTIMORE: (No. Bay View Asylum St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosetta Diggs

(a) Residence No. 571 Baker Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where dead Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black.

5-Single, Married, Widowed, or Divorced (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1865

7-AGE: 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Charles Wallace.

11-BIRTHPLACE OF FATHER (City or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Fannie?

13-BIRTHPLACE OF MOTHER (City or town) (State or Country): Maryland

14- (Informant): Hospital Records (Address): Balt. City Hospitals

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2-10-26

17- I HEREBY CERTIFY, That I attended deceased from Jan 28- 1926 Feb 10 1926.

that I last saw h[illegible] alive on Feb 10 1926

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Old Varicose ulceration of left leg.

(Duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Lab Tests

(Signed) Jos. C. Chaney Jr. M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
M[illegible] Cemetery	Feb 13/26
20-UNDERTAKER	ADDRESS
Daniel Easton	916 Gay St.

2-1926 APR

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E07103

CERTIFICATE OF DEATH.

101-001 E07103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N. Mount St. ST. 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Scott

(a) RESIDENCE NO. 124 N. Mount St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Scott

6 DATE OF BIRTH (month, day, and year) ? ? 1884.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Driver For Fish

(c) Name of employer Edw. Callahan

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edward Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ann Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Elizabeth ~~Johnson~~ (Address) 124 N. Mount St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11-1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9th. 1926 to Feb. 11 1926

that I last saw him alive on Feb. 10th. 1926

and that death occurred, on the date stated above, at 2. p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Bilateral

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At palace of daeth

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1031 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Feb 12/1926

20 UNDERTAKER

ADDRESS

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07104 43 E07104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Light St ST. 23 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas H North

(a) RESIDENCE No. 1304 Light ST., 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced

(b) HUSBAND of

(c) WIFE of Sarah C Phillips

6 DATE OF BIRTH (month, day, and year) # # 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
80	79	#	#	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired purser

(b) General nature of industry, business, or establishment in which employed (or employer) Steamship Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co Md

PARENTS

10 NAME OF FATHER John H North

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co Md

12 MAIDEN NAME OF MOTHER Sarah C Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co Md

14 Informant Mrs Virginia Kelly

(Address) 1304 Light St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Feb 12, 1926, that I last saw h/m alive on Feb 11, 1926, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Superior Maxillary

from history (duration) One yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J H Chisholm M. D.

Feb 12, 1926 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dorchester Co Md — DATE OF BURIAL 8/14/26

20 UNDERTAKER John J Pacey — ADDRESS 1518 Light St

TION is very important. See instructions on back of certificates.

E07105

HEALTH DEPARTMENT--CITY OF BALTIMORE

E07105

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH Convent of the Good Shepherd
Mount & Hollins Sts.

REGISTERED No. C

CITY OF BALTIMORE (No. 7 St. 19-1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME SISTER MARY OF ST. AGATHA CREAGHAN

(Residence in Baltimore: No Mount & Hollins St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
F	White	Single

6-DATE OF BIRTH ..... (Month) ..... (Day) , 1851 (Year)

7-AGE 74 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore County

PARENTS

10-NAME OF FATHER Thomas Creaghan

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Bridget Hughes

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mother M. of St. Josepha, Sup.

(Address) Convent of Good Shepherd

15-

Filed ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Febry (Month) 11th (Day) , 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febr 10th, 1926, to Feb. 11th 1926, that I saw h- alive on Feb 10th, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(Duration) - yrs. - mos. 6 ds

Contributory (SECONDARY) Senility

(Duration) 0 yrs. - mos. - ds.

(Signed) John Chatard M. D.

Feb. 12th, 1926. (Address) 300 N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL House of Good Shep. Cem. | DATE OF BURIAL 2/13 1926

20-UNDERTAKER J. H. Tabler & Sons | ADDRESS 1314 Eutaw Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 12 1926 C. F. THOMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

E07106

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07106

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris M. Teel

(a) RESIDENCE NO. 513 E. 25th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single.

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Roy Teel

11 BIRTHPLACE OF FATHER (city or town) Erie (State or country) Pa

12 MAIDEN NAME OF MOTHER Emma Haupt

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Parents

(Address) 513 E. 25th St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1926, to Feb 1st, 1926, that I last saw her alive on Feb 1st, 1926, and that death occurred, on the date stated above, at 10:35 a m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) — yrs. — mos. 17 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

2/12/1926 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 2/12 1926

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E07107 HEALTH DEPARTMENT—CITY OF BALTIMORE E07107

CERTIFICATE OF DEATH. 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 113 WARD)

2-FULL NAME Christopher C. Eubanks.

(a) RESIDENCE NO. 406 Lewis Hill Ave. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Colored.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced, (write the word)~~ Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Carrie Eubanks

6 DATE OF BIRTH (month, day, and year) May 1 1875

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
50	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mecklenburg Va.

PARENTS

10 NAME OF FATHER James Eubanks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER ? Rose ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Carrie Eubanks (Address) 1416 Lewis Hill

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926. to Feb. 10, 1926, that I last saw him alive on Feb. 10. 1926, and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J. F. Bourgeois, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mecklenburg Va. DATE OF BURIAL 2/13/26

20 UNDERTAKER Mrs. Geo. B. Holland ADDRESS 1631 Druid Hill Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E07108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E07108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2953 Brighton ST., 16-1 WARD)

2-FULL NAME Vera C. Eckenrode

(a) RESIDENCE No. 2953 Brighton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ✓ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Curwen W. Eckenrode

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	16 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) N.Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Mr. Curwen W. Eckenrode

(Address) 2953 Brighton St.

15 Filed ....., 19 ..... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1926, to Feb 11, 1926.

that I last saw h[illegible] alive on Feb-11, 1926

and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

from history (duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation.

(duration) ..... yrs. ..... mos. 24 hrs ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? no Date of .....

Was there an autopsy? no Physical

What test confirmed diagnosis? .....

(Signed) Thos C Blake, M. D.

, 19 (Address) 1014 N Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Feb. 14 1926

20 UNDERTAKER Wm Tuckerman Sons ADDRESS North Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.P.S.—400 Blks.

Himmelhaber

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07109 E07109

CERTIFICATE OF DEATH.

90

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Villa St., 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Aloysius Himmelhaber

(a) Residence No. Notre Dame College, Charles St., Ave. Ward. 27

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Feminine

4-COLOR OR RACE. White.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan. 6, 1861

7-AGE. 65 yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Teaching

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Annapolis

(State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John M.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-

(Informant) Sister M. Philomena

(Address) Charles Street Avenue

15-

Filed..... 192.....

Registrar.

R.K.A.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 11th 1926

17- I HEREBY CERTIFY, That I attended deceased from Sept 10th 1925 to Feb. 11 1926

that I last saw h[illegible] alive on Feb 10 1926

and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis.

General arteriosclerosis

Cardiac hypertrophy

(Duration) 10 yrs. 7 mos. ds

CONTRIBUTORY (Secondary) Acute Coronary Embolism

Suddenly (Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Phys. & Chemical Study

(Signed) J. F. Rhoads M. D.

2/12, 1926 (Address) 804 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Greenmount Private	Feb 13, 1926
20-UNDERTAKER.	ADDRESS
Frank A. Fink	915 N. Gay St.

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07110 31 E07110

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. 1730 Belt ST. 14-K WARD)

2-FULL NAME Annie E Currier

(a) RESIDENCE No 1730 Belt St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 62 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbain Currier

6 DATE OF BIRTH (month, day, and year) Dec. 10/1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 0/0
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Wm Martino
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER — Swann
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Anna Currier
(Address) 1730 Belt St

15 Filed ..... 19 ..... Registrar

RPR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 th 1926

17 I HEREBY CERTIFY, That I attended deceased from November, 1920 to Feb. 11, 1926, that I last saw her alive on Feb 11, 1926, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) G E Deuston, M. D.

2/12/26 (Address) 301 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Feb 15, 1926

20 UNDERTAKER R Howard Evans — ADDRESS 38 & Fort Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07111 E07111

CERTIFICATE OF DEATH.

21

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1314 W. Saratoga ST. 19-1 WARD)

2-FULL NAME Robert A. Burns

(a) RESIDENCE NO. 1314 W. Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 9, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	55	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Barber 003

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas A. Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Thos. A. Burns
(Address) 1314 W Saratoga St

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 31, 1926, to Feby 11, 1926, that I last saw him alive on Feby 10, 1926 and that death occurred, on the date stated above, at 3, 15-a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ... yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Erysipelas

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jack O'Neill M. D.

2/11, 1926 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL Feby 13 1926.

20 UNDERTAKER Burt Bowman & Son. Per E J Bowman

ADDRESS Gorsuch

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

E07112

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E07112

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 N. Wolfe ST. 8-L WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Lillie May McCleary.

(Residence in Baltimore: No. 1717 N. Wolfe St.; 52 yrs., 5 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 3 (Day) 1873 (Year)

7-AGE, 52 yrs. 5 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Lake Md.

PARENTS.

10-NAME OF FATHER, James E. Bowles.

11-BIRTHPLACE OF FATHER (State or Country), N. S. A.

12-MAIDEN NAME OF MOTHER Hannah E. Bowles.

13-BIRTHPLACE OF MOTHER (State or Country), U. S. A.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice V. Dade

(Address) 1717 N. Wolfe St.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby. (Month) 10 (Day), 1926 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1926, to Feb 10 1926, that I saw h[illegible] alive on Feb 9 1926, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Primary, Carcinoma of Uterus

Edema (Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinomatous Cachexia

(Duration) yrs. mos. ds.

(Signed) E. H. Schmidt M. D.

Feb 10, 1926 (Address) 1107 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Feb. 13, 1926

20-UNDERTAKER Henry Lutz

ADDRESS 203 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07113

CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH Franklin Sq Hospital

CITY OF BALTIMORE: (No. ~~955 Edmondson~~ ST., 70-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mathilde Bartsch

(a) RESIDENCE NO. 2557 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ (or) WIFE of ~~HUSBAND of~~ Emil G. Bartsch

6 DATE OF BIRTH (month, day, and year) October 17, 1865

7 AGE: Years 60 Months 3 Days 25 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Frederick Detering

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Imwalle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emil G Bartsch (Address) 2557 Edmondson Ave

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 19 26, to Feb 17, 19 26.

that I last saw h alive on Feb 17, 19 26

and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Ulcerated Intestinal Obstruction

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Coronary failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Feb 10-26 Date of Injury Obstruction

Did an operation precede death? Yes

Was there an autopsy? No

What test confirmed diagnosis? Clinical Data

(Signed) Geo W Little, M. D.

1926 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: FEB 15 1926 19

20 UNDERTAKER: Geo W Little

ADDRESS 2758 EDMONDSON AVE

C. HAMPSON JONES, M.D.

FEB 17 1926

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07114 E07114

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1709 Windsor Mill Road (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Pallé

(a) RESIDENCE No. 1709 Windsor Mill Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 1/1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Loraine (State or country) France

PARENTS

10 NAME OF FATHER Jeane Pallé

11 BIRTHPLACE OF FATHER (city or town) Loraine (State or country) France

12 MAIDEN NAME OF MOTHER Josephine Pallé

13 BIRTHPLACE OF MOTHER (city or town) Loraine (State or country) France

14 Informant August Pallé (Address) Brother

15 Filed , 19 RRM Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 9th, 1926, to Feb 11th, 1926,

that I last saw her alive on Feb 11, 1926,

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

Due to Defend of Cardiac Origin.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Antemortem Clot

Arteriosclerosis Neurotic (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Chas. S Parker M. D.

19 (Address) 8123 W North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ New York St Raymond Cemetery Westchester N.Y.

DATE OF BURIAL FEB 13 1926 19

20 UNDERTAKER Geo W Little

ADDRESS EDMONDSON AVE.

FEB 12 1926 C. HAMPSON JONES, M. D.

FROM a very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07115 E07115

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 E. East ave ST., 1st WARD)

2-FULL NAME John T. allen

(a) RESIDENCE NO. 1126 E. East ave ST., 1st WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Elizabeth allen

6 DATE OF BIRTH (month, day, and year) Oct 28, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron worker

(b) General nature of industry, business, or establishment in which employed (or employer) ~~Self~~

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore County (State or country) Md

PARENTS

10 NAME OF FATHER Louis Allen

11 BIRTHPLACE OF FATHER (city or town) Baltimore Co. (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Co. (State or country)

14 Informant Son. Howard A Allen (Address)

15 Filed ....., 19 ..... Registrar

RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1926, to Feb 11, 1926.

that I last saw h.im alive on Feb 11, 1926

and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. J. Desiter, M. D.

, 19 (Address) 3030 O'Donnell Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Feb 15 1926

20 UNDERTAKER Peter Nicolaus

ADDRESS 2060 Eastern Ave

TION is very important. See instructions on back of certificates.

FEB 12 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07116 31 E07116

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 853 W Fayette ST. 16-2 WARD)

2-FULL NAME Arthur Adams

(a) RESIDENCE NO. 853 W Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 15. 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John S. Adams

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Jennie Akers

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Jno S Adams
(Address) 853 W Fayette

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1926, to Feb 11, 1926.

that I last saw him alive on Feb 10, 1926.

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(Acute Pneumonia Typhoid)

(duration) 4 days mos. ds.

CONTRIBUTORY (Secondary) Endocarditis, Pulmonary

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Robert C Schultz, M. D.

2/13, 1926 (Address) 2151 N Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Feby 13 1926

20 UNDERTAKER H. Fuhrman Sons

ADDRESS North Ave

TION is very important. See instructions on back of certificates.

RPH

Spec.—1-10-21—M&T—1500 Bks.

E07117

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E07117

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1602 Lamont av ST., 9-6 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry . T. Ryan . Jr.

(a) RESIDENCE NO. 1602 Lamont av ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 10/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~Student~~

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Henry . T. Ryan. Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER Lena. Sinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant Henry . T. Ryan
(Address) 1602 Lamont av

15 Filed ....., 19 .....
Registrar

FEB 3 1926 C. HAMPSON JONES, M. D.
Per

RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2—11 1926

17 I HEREBY CERTIFY, That I attended deceased from 2—1— 1926 to 2—11 1926,
that I last saw him alive on 2—11 1926,
and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) ..... yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Pending

(Signed) J. Ted Quinlan M. D.

2-12-26 (Address) 2000 Nath Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Feb 2 1926

20 UNDERTAKER: Geo . F. Ruth

ADDRESS: 735 Harford Ave

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07118 90 E07118

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1017 N. Calvert ST.; 11-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lenette Anne Ellison Ford

(Residence in Baltimore: No. 1017 N. Calvert St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, February 25, 1845 (Month) (Day) (Year)

7-AGE, 80 yrs. 11 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, Lewis Pearce Ellison

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER Susan M Stuckert

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stephen H. Ford

(Address) 1017 N. Calvert St.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 12 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 3 1926, to February 12 1926, that I saw her alive on February 11 1926, and that death occurred, on the date stated above, at 7 7 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Mitral Insufficiency

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. 9 ds.

(Signed) R. O. Lehman M. D.

Feb 12, 1926 (Address) Towson Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ford's Landing Cemetery DATE OF BURIAL 2/14/26, 191..

20-UNDERTAKER Chas. D. Evans & Son ADDRESS 118 N. McHenry Ave Towson Md

E07119

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

181-E07119

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Oakley and Poe Aves. ST 27-5 RD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 4S.)

2-FULL NAME J. Thornton McAvoy

(Residence in Baltimore: No. Oakley & Poe Aves. St.: yrs. Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, November 10, 1884
(Month) (Day) (Year)

7-AGE, 41 yrs. 3 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real Estate Business
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Chas. A. McAvoy,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Mary A. Thornton

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Harry C. McAvoy

(Address) 31 Evergreen Ave.

15-

Filed ....., 19..... Registrar.

C. HAMPSON JONES, M. D.

RAN

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb 10th, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon Monoxide Gas.
Accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner.)

1926 (Address) 3672 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Parkwood Cemetery	2/13 19.26

20-UNDERTAKER Chas H. Eraus Son ADDRESS 1180 Mt Royal Ave

Cor.—1-12-28—M&T—100 Blks.

E07120

HEALTH DEPARTMENT—CITY OF BALTIMORE

181 E07126

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 N. Calvert ST., 11-3 WARD)

2-FULL NAME Mary Riley

(a) RESIDENCE NO. 628 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6 DATE OF BIRTH (month, day, and year) Dead Born

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Insurance and States say 57				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Servant 070
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant (Address)

15 Filed ....., 192.... Registrar

Morgue

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia due to Illuminating gas

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Riley, M. D.

Feb. 11, 1926 (Address) (Coroner.) 1654 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel	Feb 15 1926
20 UNDERTAKER E. LeRoy Stiffler	ADDRESS 1255 Hath

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07121 E07121

CERTIFICATE OF DEATH.

REGISTERED NO. 160

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3507 Hickory (St.) 12-4 (WARD)

2-FULL NAME Mary D. Crawford

(a) RESIDENCE No. 3507 Hickory Ave (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 17 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Melvin Crawford

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Mildred Vought

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Ella Fletcher
(Address) 3507 Hickory Ave

15 Filed ..... 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible], M. D.
(Coroner.)

Feb 12, 1926 (Address) 2626 Aliceanna

*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Feb 13 1926
20 UNDERTAKER	ADDRESS
Chenowith & Son	2417 Chestnut Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07122 E07122

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1018 William ST. 24th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hester V. Gould

(a) RESIDENCE. No 1018 William ST., 24th WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white.	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of James Gould

6 DATE OF BIRTH (month, day, and year) April 13, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Salisbury Md.

PARENTS

10 NAME OF FATHER Thomas Cooper.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Salisbury Md.

12 MAIDEN NAME OF MOTHER Maria Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Celia V. Hurley (daughter) 1018 Wm St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926. to Feb 12, 1926. that I last saw her alive on Feb 11, 1926. and that death occurred, on the date stated above, at 9 15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(duration) 0 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 0 yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

19 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md

DATE OF BURIAL: Feb 13 1926

20 UNDERTAKER: John F. Denny

ADDRESS: 715 Light

THIS IS very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C 24

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 152 Wilson St. ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mattis S. Uhler

(Residence in Baltimore: No.) 152 Wilson St. Life St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	married

6-DATE OF BIRTH, March 26, 1856
(Month) (Day) (Year)

7-AGE, 39 yrs. 11 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 027

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Matthias Sanders

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Simmons

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Chas. Seweck

(Address) 714 Franklin Ave

15-

Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1924
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) no other Contrib

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Feb. 11, 1924 (Address) 2802 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Feb 13, 1924
20-UNDERTAKER John F. Denny	ADDRESS 715 Light St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07124 E07124

CERTIFICATE OF DEATH.

159 2002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 207 N. Hill St. (ST.) 27-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Gilliam.(C)

(a) RESIDENCE NO. 207 N. Hill St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred --yrs-- mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Februaty 5, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	----------	----------	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Walter Gilliam(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 NAME OF MOTHER Ethel Barrett.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Ethel Barrett.(C)mother.
(Address) 207 N. Hill St.

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency.
congenital.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signature.) Otto M Reinhardt, M. D.
(Coroner.)

Feb. 12, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[illegible] Year Ct	Feb. 13 1926
20 UNDERTAKER	ADDRESS
C. A. Brown & Son	108 N. Howard St

C. HAMPSON JONES, M. D.
1926
Reg'd

E07125

HEALTH DEPARTMENT—CITY OF BALTIMORE

160

E07125

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 885 Clifford St., 21-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Jackson

(Residence in Baltimore: No. 885 Clifford St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colrd

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, March 26 1924
(Month) (Day) (Year)

7-AGE, one yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER. William Jackson

11-BIRTHPLACE OF FATHER, (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Carrie Stewart

13-BIRTHPLACE OF MOTHER, (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Jackson

(Address) 885 Clifford St

15-

Filed..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH, Feb 11 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, find that said deceased came to death as stated above. (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

Had been treated at Md. Univ. Hospital 3 mos.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. B. Horton M. D.

Feb 12 1926 (Coroner) (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet

DATE OF BURIAL. 2-13 1926

20-UNDERTAKER. J. H. Brauns Son

ADDRESS N. Maryland

Cor.—1-12-23—M&T—100 Hkn.

E07126

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07126

CERTIFICATE OF DEATH.

101-0.01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Olive St. ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Bunn.(C)

(a) RESIDENCE No. 1128 Olive St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ---- mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married.

5a If married, widowed, or divorced, HUSBAND of Mamie Bunn.(C)

6 DATE OF BIRTH (month, day, and year) June 29, 1898.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	7	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina.

PARENTS

10 NAME OF FATHER Thomas Bunn.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Beulah King.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina.

14 Informant Mamie Bunn.(C) wife.
(Address) 1128 Olive St.

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 10, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

(Signed) Otto M Reinhardt (Coroner.) M. D.

Feb. 11, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel ct	Oct 14 1926
20 UNDERTAKER	ADDRESS
J. H. Broun & Son	1011 W Mt St

J. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

Strychacz

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E07127

CERTIFICATE OF DEATH.

E07127

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 575 S. Washington St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Strychacz

(a) RESIDENCE NO. 501 S Washington Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 0 mos. dz. How long in U. S., if of foreign birth? yrs. mos. dz.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22/1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City

(State or country)

PARENTS

10 NAME OF FATHER James Strychacz

11 BIRTHPLACE OF FATHER (city or town) —

(State or country) Poland

12 MAIDEN NAME OF MOTHER Ida Dzinbor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Ida Radziewicz

(Address) 501 E Fayette

15 Filed_____, 19_____

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) ___ yrs. ___ mos. 0 ds.

CONTRIBUTORY (Secondary) Probably Influenza

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) James M Fenton M. D.

(Coroner)

2/12/1926 (Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St Stanislaus Cem Feb 13 1926

20 UNDERTAKER — ADDRESS

John M Weber 803 Bank

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07128 129 E07128

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 N. Carey ST. 16-6 WARD)

2-FULL NAME John S. Scott

(a) RESIDENCE NO. 1014 N. Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Laura Scott

6 DATE OF BIRTH (month, day, and year) April 15-1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 086

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Caroline Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Laura Scott 1014 N. Carey St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to Feb 10 1926.

that I last saw h[illegible] alive on Feb 10 1926.

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) ..... yrs. 1 mos 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) B. F. Hatcher M. D.

2/12, 1926 (Address) 1220 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Md Meth | DATE OF BURIAL 2/14/1926

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1 Druid Hill

Spec.—1-10-21—M&T—1500 Bks.

E07129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E07129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 W Saratoga ST. H-1 WARD)

2-FULL NAME Wm. Andrew Robinson

(a) RESIDENCE NO. 644 W Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Jany. 31. 1926

7 AGE: Years | Months | Days: 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Juvenile

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Wm. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Essex Co Va

12 MAIDEN NAME OF MOTHER: Alice Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Towson Md

14 Informant: Wm Robinson

(Address): 644 W Saratoga

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1926, to Feby 13, 1926, that I last saw him alive on Feby 11, 1926, and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

Congenital Lues

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm. Howell Jr. M. D.

2/13/1926 (Address) 1407 Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemty — DATE OF BURIAL: 2/13/1924

20 UNDERTAKER: Mrs. Ida E. Holland — ADDRESS: 1631 Druid Hill

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07130

161-001

E07130

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Shipley

(a) RESIDENCE NO. Wilna Md St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Feb 10/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			13 hrs	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland

PARENTS

10 NAME OF FATHER Milton Shipley

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER Stella Willig

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant David Davidson

(Address) Upper Falls Md

15 Filed....., 19.....

R P S Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Feb 11/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity -

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) D. S. Collier M. D.

(Coroner)

2/12/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mountain Cemetery Hanford

Date of Burial: Feb 13 1926

20 UNDERTAKER: David Davidson

ADDRESS: Upper Falls

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E07131

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E07131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S. Sixth ST., 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas T. Deegan.

(a) RESIDENCE NO. 812 S. Sixth ST., 26 WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Elizabeth Deegan

6 DATE OF BIRTH (month, day, and year) Jan 9th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Timothy Deegan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margt. Conroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Michael J. Deegan
(Address) 812 S. Sixth St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 , 1926 , to Feb 11 , 1926

that I last saw him alive on Feb 11 , 1926,

and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. D. Chenault, M. D.

2-13-1926 (Address) 330 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery DATE OF BURIAL Feb. 15 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 400 S. Hoff

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E07132

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-081 E07132

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 503 S. Robinson St. St., 1-4 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin J. Herold.

(a) RESIDENCE NO. 503 S. Robinson St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 17 - 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph J. Herold.

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Robinson

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Joseph J. Herold.

(Address) 503 S. Robinson St.

15 Filed_____, 19____ R.R.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 February 17 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1926, to Feb 17, 1926, that I last saw h___ alive on Feb 11, 1926, and that death occurred, on the date stated above, at 4.45 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Primary

(duration) ____ yrs. ____ mos. 6 ds.

CONTRIBUTORY (Secondary) Scarlet Fever Endocarditis

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Frank B. Lutes, M. D.

Feb 17, 1926 (Address) 3[illegible] Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. Date of Burial Feb 19 1/2 1926

20 UNDERTAKER: Lilly & Fiske ADDRESS: 403 S Wolfe St.

Very Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B07133

CERTIFICATE OF DEATH.

100 B07133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 - Church ST. 25-11 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Kolodnicki

(a) RESIDENCE NO. 13 - Church ST., 25 WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Feb 11-1925

7 AGE — Years: 1 — Months: — Days: — If LESS than 1 day, ...hrs. or min.: 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): Infant

(c) Name of employer: Infant

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Theodore Kolodnicki

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Julia Trattie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Theodore Kolodnicki

(Address)

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1926, to Feb. 17, 1926

that I last saw him alive on Feb. 11, 1926

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) ..... yrs. ..... mos 21 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wallace Wyatt, M. D.

Feb 17, 1926 (Address) 10 W. Fort.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. DATE OF BURIAL: Feb 13 1926

20 UNDERTAKER: Jacob Finkowitz ADDRESS: 1428 S. Bond St.

FOR A VERY IMPORTANT: See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07134 E07134 101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Pulaski St. 18-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Gwynn.

(a) RESIDENCE NO. 115 N. Pulaski ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year): April 2- 1888

7 AGE — Years: 37 Months: 10 Days: 9 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook. 071
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Thos Gwynn
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va
12 MAIDEN NAME OF MOTHER: Margaret Holmes
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Maggie Gwynn.
(Address): 112 E. Lexington

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1926, to Feb 11 1926, that I last saw h alive on Feb 10 1926, and that death occurred, on the date stated above, at 2.20P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical

(Signed) F. C. Leach, M. D.
Feb 11 1926 (Address) 1715 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ant Zion

DATE OF BURIAL: Feb 13 1926

20 UNDERTAKER: Leonard A. Walker

ADDRESS: 1108 Mt Ave

1926 C. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E07135 E07135

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 Lancaster St. 2-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ANNA KUCHARCZYK,

(a) RESIDENCE NO. 1738 Lancaster ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. I mos. II ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White,	Married,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Kucharczyk,

6 DATE OF BIRTH (month, day, and year) Dec. 29-1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	23	I	II	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work at home,

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) MD.

PARENTS

10 NAME OF FATHER Michael Ruz,

11 BIRTHPLACE OF FATHER (city or town) Poland, (State or country)

12 MAIDEN NAME OF MOTHER Sabastja Formenska,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

14 Informant Louis Kucharczyk, (Husband)

(Address) 1738 Lancaster St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6 1926 to Feb 10 1926, that I last saw h. alive on Feb 10 1926, and that death occurred, on the date stated above, at 4.20 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Oberhuber M. D.

Feb 12, 1926 (Address) 14 S. Broad St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem., DATE OF BURIAL Feb 15, 1926

20 UNDERTAKER M. F. Sadowski. ADDRESS 1705 S. Ann

C. HAMPSON JONES, M. D.

RPH

Cor.—12-9-25—A Co.—200 Blks.

E07136

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E07136

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1705 Eastern ave St., 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Nowak

(a) RESIDENCE NO. 1705 Eastern ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Nowak

6 DATE OF BIRTH (month, day, and year) Feb 16 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Own Shop

(c) Name of employer Himself

9 BIRTHPLACE (city or town) _____

(State or country) Poland

PARENTS

10 NAME OF FATHER Frank Nowak

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Poland

12 MAIDEN NAME OF MOTHER Rozyorabik

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Poland

14 Informant Jennie Nowak

(Address) 1705 Eastern ave

15 Filed _____ 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1926

17 I HEREBY CERTIFY, That I took ~~charge of~~ the remains described above, held an investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Broncho-Pneumonia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Cerebro Hemorrhage

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) James H. Lemmon M. D.

(Coroner)

2/12 1926 (Address) 7007 Chase

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial Feb 16 1926

20 UNDERTAKER W. F. Sadowski ADDRESS 405 S. Ann

very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07137 E07137

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Cornell St. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Smith

(a) RESIDENCE No. 611 Cornell ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wife

6 DATE OF BIRTH (month, day, and year) unknown 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46.				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant William Smith (Address) 611 Cornell St Unknd

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia c

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) G. Hampson Jones, M. D.
(Coroner.)

Feb 11, 1926, 192 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Feb 13 1926

20 UNDERTAKER	ADDRESS
Jones Bros & Hoge	402 N. Eutaw St

FEB 11 1926 G. HAMPSON JONES, M. D.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

07138 129 07138

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 Harlem Ave., ST. 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Unetta Mary Mueller

(a) RESIDENCE No. 2511 Harlem Ave., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Mueller

6 DATE OF BIRTH (month, day, and year) Sept. 10th. 1848

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER — Pralle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Emma Franck

(Address) 2511 Harlem Ave.,

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1926, to Feb. 10, 1926, that I last saw her alive on Feb. 9- 1926, and that death occurred, on the date stated above, at 1 50 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Interstitial nephritis

(duration) 5-6 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? U. A.

(Signed) M Bowman Lloyd M. D.

2/13, 1926 (Address) 626 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feb. 13 1926
20 UNDERTAKER	ADDRESS
Chas. E. Franck	802 Madison Ave.

C. HAMILTON JONES, M. D.

2-10-26 R.O.M.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07139 90 E07139

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Poplar Grove ST. 16-4 WARD)

2-FULL NAME Matilda Schlarb

(a) RESIDENCE NO. 929 Poplar Grove ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) ~~HUSBAND~~ WIFE of Philip Schlarb

6 DATE OF BIRTH (month, day, and year) Nov. 6-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER John Prinz

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ✓ (State or country)

14 Informant Lilly Schlarb (Address) 929 Poplar Grove St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1926, to Feb 12, 1926, that I last saw her alive on Feb 11, 1926 and that death occurred, on the date stated above, at 9-30 A. m.

The CAUSE OF DEATH* was as follows:

Influenza complicated by Bronchial Pneumonia

..... (duration) ✓ yrs. ✓ mos. 9 ds.

CONTRIBUTORY (Secondary) Myocarditis + Arteriosclerosis

..... (duration) Over 9 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry C. Ohla, M.D.

Feb 13 1926 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Feb 15 1926

20 UNDERTAKER Chas. E. Franck — ADDRESS 80 Madison Ave

FROM IS VERY IMPORTANT—SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

C. CLAMSON JONES, M.D.

FEB 15 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07140 N E07140

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 20-4 WARD)

2-FULL NAME Edw. Farley

(a) RESIDENCE No. 2709 Frederick Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 0 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 11, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — WD

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Wm Farley

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Nellie Mullen

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant Md. S.P.C.C.
(Address) .....

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to Feb 11, 1926, that I last saw him alive on Feb. 11, 1926, and that death occurred, on the date stated above, at 5:00 p m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tull, M. D.

2/13 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 2/13 1926

20 UNDERTAKER D. J. Foley Sons — ADDRESS 1368 Light St

Spec.—1-10-21—M&T 1500 Blks.

E07141 — 31 — E07141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. 19-1 WARD)

2-FULL NAME Mary Jones

(a) RESIDENCE NO. 1608 E. Fayette st. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Burrill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Lorney Garner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926 to Feb. 9, 1926, that I last saw her alive on Feb. 9, 1926, and that death occurred, on the date stated above, at 4.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McClure M. D.

2-9-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 2/13 1926

20 UNDERTAKER D. J. Fahey Sons — ADDRESS 1315 Light St

Spec.—1-10-21—M&T—1500 Bks.

E07142 HEALTH DEPARTMENT—CITY OF BALTIMORE E07142

CERTIFICATE OF DEATH.

2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 3-V WARD)

2-FULL NAME Joseph Jester

(a) RESIDENCE No. 1606 E Pratt St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 18, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6 (24)	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Vincent Jester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Julia Tooma

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Vincent Jester

(Address) 1601 E Pratt St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Feb 12, 1926, that I last saw h[illegible] alive on Feb 12, 1926, and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

2/13, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

20 UNDERTAKER — ADDRESS

C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E07143 E07143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST. 19-4 WARD)

2-FULL NAME Mrs. Lucy E. Davis

(a) RESIDENCE NO. 3634 Hickory Ave ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James O. Davis

6 DATE OF BIRTH (month, day, and year) Dec. 6-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53 yr.		2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Prince William (State or country) Virginia

PARENTS

10 NAME OF FATHER John J. Beavers

11 BIRTHPLACE OF FATHER (city or town) Virginia (State or country) Maryland

12 MAIDEN NAME OF MOTHER Virginia E. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant James O. Davis (Address) 3634 Hickory Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12 1926

17

I HEREBY CERTIFY, That I attended deceased from 2-11 .1926. to 2-12 .1926.

that I last saw her alive on 2-12 .1926.

and that death occurred, on the date stated above, at 8.20 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes

— (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pneumonia (final)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Jno A Dempsey M. D.

, 19 (Address) 1400 Eastland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Occoquan Virginia — DATE OF BURIAL Feb. 15 1926

20 UNDERTAKER Horace H. Burgee — ADDRESS 3631 Falls Rd.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

511

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. Industrial Home for Colored Girls ST. Melrose. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Brooks

(a) RESIDENCE. NO. Unknown ST.,..... WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5- yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs Pennington (Address) Industrial Home, Melrose

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8th, 1926, to Feb 12th, 1926, that I last saw her alive on Feb 12th, 1926, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? -

(Signed) Jennie N. Browne, M. D.

Feb 13th 1926 (Address) The Rochambeau Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07145

CERTIFICATE OF DEATH.

11-001 E07145

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 E. Eager st ST. 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth H. O'Neill

(a) RESIDENCE NO. 506 E. Eager, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh O'Neill

6 DATE OF BIRTH (month, day, and year) Nov. 28. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Richard Higgins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Arnold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London

14 Informant Richard O'Neill

(Address) 506 E. Eager st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1926, to Feb 12, 1926, that I last saw h[illegible] alive on Feb 11, 1926, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

2-14 19[illegible] (Address) 1002 Cleveland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Feb 15 1926
20 UNDERTAKER	**ADDRESS**
Edward W. Conklin	924 E. Eager st

R & H

Spec.—1-10-21—M&T—1500 Bks.

E07146

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-501 E07146

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 623 N Pace St. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Garrett

(a) RESIDENCE NO. 623½ Pace St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Daniel Garrett

6 DATE OF BIRTH (month, day, and year) ~~Unknown~~ 1875

7 AGE 50 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of indnstry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Flora Johnson (Address) 623 Pace St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to Feb 11, 1926, that I last saw h[illegible] alive on Feb 11, 1926, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. K. Casey, M. D.

, 19 (Address) 1523 Pierce St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL 2/15 1926

20 UNDERTAKER Samuel Hensley ADDRESS 528 N Bond

1926 C. HAMILTON JONES, M. D.

Spec.—1-10-21 M&T 1500 Blks.

E07147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

464 07147

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 Mosher St., ST. 17th WARD) Baltimore, Md.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Louisa Blackwell

(a) RESIDENCE NO. 424 Mosher ST., Baltimore, Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of widow - Royston Blackwell

6 DATE OF BIRTH (month, day, and year) July 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Essex Co., Virginia. (State or country)

PARENTS

10 NAME OF FATHER Smith

11 BIRTHPLACE OF FATHER (city or town) Essex, Va. (State or country)

12 MAIDEN NAME OF MOTHER Mary Robinson

13 BIRTHPLACE OF MOTHER (city or town) Essex, Va. (State or country)

14 Informant Mary A. Woodyard (Address) daughter

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1924, to Feb. 11, 1926, that I last saw her alive on Dec 13, 1925, and that death occurred, on the date stated above, at 1 10 p.m.

The CAUSE OF DEATH*.was as follows:

Carcinoma of uterine cervix

(duration) 2 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Biopsy

(Signed) Robert E. Fricke M. D.

19 (Address) 1418 Eutaw Place, City.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 2/14 1926

20 UNDERTAKER Samuel Wesley Bell

ADDRESS 1918

Cor.—1-12-23—M&T—100 Blks.

E07148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E07148

1-PLACE OF DEATH — CITY OF BALTIMORE: (No.) New Hosp. ST. 4-1 (Ward) — REGISTERED NO. 197

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Jones Newton

(a) RESIDENCE NO. 649 N. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Feb 19 1896

7 AGE: 29 Years 30 | 11 Months — | 20 Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic 1920
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Co

PARENTS

10 NAME OF FATHER: Beverly Rich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Co Va

12 MAIDEN NAME OF MOTHER: Lula Kenny

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Co Va

14 Informant (Address): Florence Tynes Attuck Hotel

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide

Gun Shot wound of Abdomen

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Co Va — DATE OF BURIAL: Feb 13 1926

20 UNDERTAKER: Virginia G. Brooks — ADDRESS: 1463 N. Carey

C. HAMPSON JONES, M.D.

ROH

Spec. 1-10-21 M&T 1500 Blks.

E07149

HEALTH DEPARTMENT—CITY OF BALTIMORE

36-005 E07149

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4101 Woodbine ave ST., 27-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Miller

(a) RESIDENCE NO 4101 Woodbine ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) W

5a If married, widowed, [redacted] (or) WIFE of H. H. Miller

6 DATE OF BIRTH (month, day, and year) June 1867

7 AGE Years 58 59 Months 2 3 Days 20 If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Jas O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. A. Boone

(Address) 4101 Woodbine ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1922, to Feby 12th, 1926.

that I last saw her alive on 12 Feby, 1926

and that death occurred, on the date stated above, at 12:45 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Spleen

(duration) ? yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Consultation

(Signed) Horace W. Byers, M. D.

, 19 (Address) 749 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore, Md.

DATE OF BURIAL 2/14/1926

20 UNDERTAKER J G Moran

ADDRESS 3000 E. Baltimore

Cor.—1-12-26—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E07150 — 003 — 143 — E07150

1-PLACE OF DEATH — CITY OF BALTIMORE: (No. Inmy Hosp ST., 4-L WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Louise Ross

(a) RESIDENCE NO. Bowie Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Ross

DATE OF BIRTH (month, day, and year) Mch. 28/1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	10	19	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER John Chew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rachel Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Solomon Ross (Address) Bowie Md

Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Nephritis

Pneumonia (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

(Signed) J. McHale, M. D. (Coroner)

Feb 13 192 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bowie Md	Feb. 15 1926
20 UNDERTAKER Chas. E. Franck	ADDRESS 802 Madison

Spec. 1-10-21 M&T 1500 Blks.

E07151 HEALTH DEPARTMENT—CITY OF BALTIMORE E07151

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST. 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry W. Keefer

(a) RESIDENCE NO. 49 East Southern Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Keefer

6 DATE OF BIRTH (month, day, and year) ? 1865

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	4 (about)		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale General Merchandise

(c) Name of employer American Wholesale Corp.

9 BIRTHPLACE (city or town) Frederick Md.
(State or country)

PARENTS

10 NAME OF FATHER Louis Keefer

11 BIRTHPLACE OF FATHER (city or town) Frederick Md
(State or country)

12 MAIDEN NAME OF MOTHER Alverta Keefer

13 BIRTHPLACE OF MOTHER (city or town) Frederick Md.
(State or country)

14 Informant Wiener N. Arnold
(Address) 2808 Moshe St.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-10, 1926, to 2-11, 1926,

that I last saw him alive on 2-11, 1926,

and that death occurred, on the date stated above, at 9 20p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of larynx & oesophagus

? (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clin. Signs

(Signed) H. Victor Delgado, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Feb 13 1926

20 UNDERTAKER Jos Joerdens Son ADDRESS 2178 Pa

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07152 38 E07152

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1513 E. Fayette St St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. J. Wilson

(a) RESIDENCE NO. 1513 E. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	widiwer

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of Emma Wilson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) common

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm T. Wilson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Criscela Stanley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Belina Bean

(Address) 1503 E. Monument

15 Filed....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphillitic Aortitis (Aneurysm descending arch, patient at Hopkins during Dec/25)

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....

(Secondary) (Duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Potter M. D.

(Coroner)

2/13/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Cambridge Md. Feb 12 1926

20 UNDERTAKER Edward Bryan ADDRESS 631 Orleans St

Cor.—1-12-23—M&T—100 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07453 — 90 E07453

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Race St. ST. 23-1 WARD)

2-FULL NAME William Butts.(C)

(a) RESIDENCE NO. 1029 Race St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	----		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): North Carolina.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Joseph Butts.(C) son.
(Address) 1029 Race St.

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 12, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M Reinhardt (Coroner.), M. D.
Feb. 12, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: 2/15 1926

20 UNDERTAKER: Walter B. Spriggs — ADDRESS: 824 N. Hamburg St.

E.K.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07154 — 7153 — 148 — E07154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ Hospital (St.) 4-1 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Cooks.

(a) RESIDENCE No. Glenelg Md St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carter Cook

6 DATE OF BIRTH (month, day and year) April 7, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	10	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Carter Cook
(Address) Glenelg Md.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Eclampsia

Pregnancy (duration) ... yrs. 7 mos. 1 ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. 1 ds.

(Signed) H. C. Slade, M. D.
(Coroner)
Feb 17, 1926 (Address) 1426 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Evans Chapel — DATE OF BURIAL Feb. 16 1926

20 UNDERTAKER Easton Sons — ADDRESS Ellicott City

CHARLES JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07155 CERTIFICATE OF DEATH. 129 E07155

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Aged Home

CITY OF BALTIMORE: (No. 207 Aquiel ST. 5-2 WARD)

2-FULL NAME Samuel Sommerville

(a) RESIDENCE NO. 207 Aquiel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 00 yrs. mos. ds. How long in U. S., If of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	col.	W. Dower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
About 78				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) St Marys Co (State or country) Md

PARENTS

10 NAME OF FATHER George Sommerville

11 BIRTHPLACE OF FATHER (city or town) St Marys (State or country) Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) St Mary (State or country) Co Md

14 Informant Anita Alston (Address) 2d & N. Bond st

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 · 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1926, to Feb. 12, 1926, that I last saw h— alive on Feb. 12, 1926, and that death occurred, on the date stated above, at 2:20 p.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs mos 1 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) yrs 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. Lucy Kerr M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 2/14 1926

20 UNDERTAKER Jas. W. Skinner

ADDRESS 1620 E. Monument st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07156

CERTIFICATE OF DEATH

74-001 E07156

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., ~~Ave.~~ WARD) 76 W

2-FULL NAME James Mc Sherry

(a) RESIDENCE NO. Preston Valley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Michigan

PARENTS

10 NAME OF FATHER John Mc Sherry

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Canada

12 MAIDEN NAME OF MOTHER Clementine Villain

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) France

14 Informant Esther Florence

(Address)

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 12 1926

17 I HEREBY CERTIFY That I attended deceased from Nov 13 and ....., 19..... to ..... 19.....

that I last saw him alive on Feby 6 1926

and that death occurred, on the date stated above, at 12 — m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos 2 wks 6 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) F. L. Warner, M. D.

Feb 12 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loretto

DATE OF BURIAL Feb 15 1926

20 UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07157

CERTIFICATE OF DEATH.

100-001 E07157

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green St.) 90-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number

2-FULL NAME Linwood Jones

(a) RESIDENCE No. 319 S Garrison Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 7 1925

7 AGE: Years 1 | Months 13 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Linwood Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Jessie Burtermette

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Linwood Jones (Address) 319 S. Garrison Lane

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 7 , 1926, to Feb 13th , 1926, that I last saw him alive on Feb 13th , 1926, and that death occurred, on the date stated above, at 2:30 a m.

The CAUSE OF DEATH* was as follows

Bronchial Pneumonia

Otitis Media

(duration) yrs mos 25 ds.

CONTRIBUTORY (Secondary) Circulatory Failure

Secondary Anemia (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm. P. Byers, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Md

DATE OF BURIAL: Feb 15 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 632 E. N. Ave

11926 G. HAMILTON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07158 E07158

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 E. 30 th . ST. 4-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm W Davey.

(a) RESIDENCE NO. 740 E 30th St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida. G. Davey.

6 DATE OF BIRTH (month, day, and year) Nov 15. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51.	3.	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipefitter 086

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) ..... (State or country) Canada

PARENTS

10 NAME OF FATHER Robert Davey.

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Canada.

12 MAIDEN NAME OF MOTHER Ellen Sommerville

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Canada

14 Informant - Ida G Davey
(Address) 740 E 30th St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M.D. 4 1926

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to February 12 1926.

that I last saw him alive on February 12 1926

and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? I do not know

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination of tissues &c

(Signed) C. D. Greenden, M. D.

2/13/1926 (Address) 3949 Greenmount Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Feb 16 1926

20 UNDERTAKER Woodlawn — ADDRESS 5 North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07159 E07159

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 4527- Little North Ave ST. 27-9 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Laura Atkinson

(a) RESIDENCE No. 4527- Little North Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James A Atkinson

6 DATE OF BIRTH (month, day, and year) ~~Unknown~~

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
about	75 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER James Chalmers

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country)

12 MAIDEN NAME OF MOTHER Ann Wilhelm

13 BIRTHPLACE OF MOTHER (city or town) Pa
(State or country)

14 Informant James A Barnes
(Address) 4525 Little North Ave

15 Filed ....., 19 .....

R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1926, to Feb. 12, 1926, that I last saw her alive on Feb. 12, 1926, and that death occurred, on the date stated above, at 8.15 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia - lobar

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? or place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) H.H. Hemmeter, M. D.

, 19 (Address) Catonsville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 15 1926
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Fayette

Spec.—1-10-21—M&T—1500 Bks.

Med. 1977.

Dr Ballard
1622 Mt Royal

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07160

CERTIFICATE OF DEATH.

101-001

E07160

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2107 Penrose Ave ST., 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Lentz

(a) RESIDENCE No. 2107 Penrose Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May - 15 - 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John W. Lentz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Magdalena Breimiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sula Parks (Address) 2107 Penrose Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 12 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 1926 to Feb 12 1926 that I last saw her alive on Feb 12 1926 and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Labar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Edwin K Ballard M. D.

2-14 1926 (Address) 1622 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 2/15 1926

20 UNDERTAKER W M Cook

ADDRESS 502 E North

C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07161

CERTIFICATE OF DEATH.

99-002

REGISTERED NO. E07161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 N. 6 th - Brooklyn ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Kemp Cook

(a) RESIDENCE NO. 100 N 6th Brooklyn ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Cook

6 DATE OF BIRTH (month, day, and year) March 4, 1837

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer retired

9 BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

PARENTS

10 NAME OF FATHER John Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs R. Francis

(Address) 100 N. 6th St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 , 1926, to Feb. 12 , 1926, that I last saw h— alive on Feb. 12 , 1926, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) M. Lichtiger, M. D.

7-2, 1926 (Address) 1219 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Feb 15 1926

20 UNDERTAKER Wm. Cook — ADDRESS 502 North Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07162 CERTIFICATE OF DEATH. 164 E07162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5414 Garrison Ave, Arlington ST. 7-3 WARD

2-FULL NAME Martha P. Harmon

(a) RESIDENCE. No. 5414 Garrison Ave, Arlington ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Harmon

6 DATE OF BIRTH (month, day, and year) July 6. 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10 NAME OF FATHER David Babbitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ill.

12 MAIDEN NAME OF MOTHER Mahmoon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ill.

14 Informant Minta Harmon
(Address) 5414 Garrison Ave

15 Filed ..., 19 ... Registrar

FEB 14 1926 C. HAMPSON JONES, M. D. RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Feb. 12, 1926

that I last saw her alive on Feb. 11, 1926

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Senility

Hypostatic Pneumonia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. W. Backley, M. D.

, 19 (Address) 126 W Belvedere

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Feb 15 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B07163

CERTIFICATE OF DEATH.

B07163

1-PLACE OF DEATH St Joseph's Hosp

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Elder

(a) RESIDENCE NO. 1311 Ashland Ave., ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 11, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER John Elder

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Fisher

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant John O. Elder
(Address) 1311 Ashland Ave

15 Filed ....., 19 .....

4926 HAMPSON JONES, M. D.

RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to Feb 12, 1926, that I last saw h e alive on Feb 12, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Findings

(Signed) H. R. McConnell, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Feb 15 1926

20 UNDERTAKER Wm. Cook — ADDRESS 932 Woodyear

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07164

CERTIFICATE OF DEATH.

E07164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Donnell St. 26-7 90 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Kramer

(a) RESIDENCE NO. 1602 Donnell St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Kramer

6 DATE OF BIRTH (month, day, and year) Feb 2 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Brick maker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Fred Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Minnie Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Annie Nelson (Address) 1602 Donnell

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 10 1926 to Feb 13 1926, that I last saw h[illegible] alive on Feb 12 1926, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Herrman, M. D.

2-13-26 (Address) 1913 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pub Lawn — DATE OF BURIAL Feb 15 1926

20 UNDERTAKER Wendel Oppel & Son — ADDRESS 878 Mon

FEB 1926 HAMPSON JONES, M. D.

Spec.--1-10-21--M&T--1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07165

CERTIFICATE OF DEATH.

99-002 E07165

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 S. Chapel St 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Schmidt

(a) RESIDENCE NO. 9 S. Chapel St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Schmidt

6 DATE OF BIRTH (month, day, and year) Feb 12 1854

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kunigunda Betz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John J. Schmidt 9 S. Chapel St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1926, to Feb 12, 1926, that I last saw h alive on Feb 12, 1926, and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. V. Mercer Jr., M. D.

2/14, 1926 (Address) 15 W E. 32nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 15 1926
20 UNDERTAKER	ADDRESS
Wendell Heppe	37 W Lanvale

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07166

CERTIFICATE OF DEATH.

7 E07166

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST 26-7 WARD)

2-FULL NAME Kenneth H. Spenner

(a) RESIDENCE NO. 75 Columbia Ave. Raspeburg WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) Aug. 5, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Harry Spenner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Grace Workinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Harry Spenner

(Address) 75 Columbia Ave

15 Filed ....., 19..... Registrar

B 1-4 1926 Thompson Jones, M. D.

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1926, to Feb. 12, 1926, that I last saw him alive on Feb 12, 1926, and that death occurred, on the date stated above, at 6 43 p. m.

The CAUSE OF DEATH* was as follows:

Measles - Bronchopneumonia

(duration) approximately yrs. mos. 40 ds.

CONTRIBUTORY (Secondary) Empyema

(duration) yrs. mos. 22 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Thoracotomy Date of Jan 25, 1926

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

2/13 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Feb. 14 1926

20 UNDERTAKER: Fred'k Lassahn & Sons — ADDRESS: Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07167 1-001 E07167

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 26-5 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Elizabeth Maltz

(a) RESIDENCE No. 902 S. Clinton St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	15	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Canton, Balto. Co. Md
(State or country)

PARENTS

10 NAME OF FATHER Wm. Moltz

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary K. Spangler

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Balto. Co., Md.

14
Informant Mary K. Moltz
(Address) 902 S. Clinton St

15
Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1926

17
I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926, to Feb 13, 1926,
that I last saw her alive on Feb 13, 1926,
and that death occurred, on the date stated above, at 1:55 A. m.

The CAUSE OF DEATH* was as follows:

(1) Typhoid Fever
(2) Lobar Pneumonia

(duration) ..... yrs. ..... mos. (1) 4 weeks (2) 2 ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Lab. Test

(Signed) H R McConnell, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	Feb 16 1926
20 UNDERTAKER	ADDRESS
Zirkler + Zirkler	1739 E. Eager St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07168

CERTIFICATE OF DEATH.

161-001 E07168

1-PLACE OF DEATH

City of BALTIMORE: (No. 3916 Eastern Ave St., 26-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Schmidt

(a) Residence No. 3916 Eastern Av St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 12 1926

7-AGE. yrs. mos. ds.

If LESS than 1 day, hrs. or 10 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Conrad Schmidt

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER, Margaret Brunelle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore

14-

(Informant) Conrad Schmidt

(Address) 3916 Eastern Ave

15-

Filed 192

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 12 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926 to Feb 12, 1926

that I last saw her alive on Feb 12, 1926

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Premature 7 month foetus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Tilson M. D.

2/13, 1926 (Address) 315 S Highland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oaklawn Cemetery

DATE OF BURIAL. Feb 15, 1926

20-UNDERTAKER. Zirkler & Zirkler

ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07169 7 E07169

CERTIFICATE OF DEATH.

REGISTERED NO. 21-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Alefina

(a) RESIDENCE NO. 1137 Wisconsin St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 11, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Camillo Alefina

11 BIRTHPLACE OF FATHER (city or town) Italy (State or country)

12 MAIDEN NAME OF MOTHER Mannie Tarr

13 BIRTHPLACE OF MOTHER (city or town) Italy (State or country)

14 Informant Camillo Alefina (Address) 1137 Wisconsin St

15 Filed . . . . 19 . . . . K.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Feb 12, 1926, that I last saw her alive on Feb 12, 1926, and that death occurred, on the date stated above, at 2.40 a m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 24 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull M. D.

. 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 2/14 1926

20 UNDERTAKER D J Fahey Sons — ADDRESS 1316 Eight St

FEB 14 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T - 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07170 E07170 11-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 221 W. Biddle ST. 11-2 WARD)

2-FULL NAME Anna S. Banks

(a) RESIDENCE NO. 221 W. Biddle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Banks

6 DATE OF BIRTH (month, day, and year) Unknown 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER Lais Wooding

11 BIRTHPLACE OF FATHER (city or town) (State or country) VA

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George Banks

(Address) 221 W. Biddle St.

15 Filed ....., 19 ..... R.L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1926, to Feb 9th, 1926, that I last saw h/s alive on Feb 9th, 1926, and that death occurred, on the date stated above, at 11:05 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Grip

(duration) ..... yrs. ..... mos. 0 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Grant Gibbs M. D.

2-12-1926 (Address) 3514 W. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL Feb. 14 1926

20 UNDERTAKER Mrs. R. A Elliott — ADDRESS 1125 Ashland Ave

FEB 14 1926 HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07171 — CERTIFICATE OF DEATH. — 101-001 E07171

REGISTERED NO. 215

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 222 Ridgecroft Road ST. (WARD) 24

2-FULL NAME Edwin O. Montager

(a) RESIDENCE NO. 222 Ridgecroft Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29-1908

7 AGE: Years 18 | Months 8 | Days 15 | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tile Setting

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William Montager

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Titshager

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14

Informant William Montager

(Address) 222 Ridgecroft Road

15

Filed ....., 19 .... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12 1926

17

I HEREBY CERTIFY, That I attended deceased from 2/7, 1926, to 2/12, 1926, that I last saw him alive on 2/12, 1926, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .... yrs. .... mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lung Capsule

(Signed) D.T. Mother, M. D.

2/12 1926 (Address) 301 S Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: Feb 15 1926

20 UNDERTAKER: Thos C. Miller & Sr — ADDRESS: 2334 Jeffs

Spec.—1-10-21—M&T—1500 Bks.

E07172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E07172

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 E Fayette ST., 6-2 WARD)

2-FULL NAME Catherine Schmitt

(a) RESIDENCE No. 2229 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 2 1910

7 AGE: Years 15 | Months 9 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailoring

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John G Schmitt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Anna Ruth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs John R Hess

(Address) 2229 E Fayette St

15 Filed , 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 19 , 19 26 to February 11 , 19 26 ,

that I last saw her alive on Jan 11 , 19 26 ,

and that death occurred, on the date stated above, at 1 A- m.

The CAUSE OF DEATH* was as follows:

Endocarditis (mitral)

Streptococcus Viridans

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Embolism L Brain.

Hypostatic Pneumonia (duration) yrs. mos. + ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) Louis A. W. Krause, M. D.

, 19 (Address) 2500 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem — DATE OF BURIAL: Feb 15 1926

20 UNDERTAKER: Wm. C. Fuller & Son — ADDRESS: 2334 Jeffn

Spec.—1-10-21—M&T—1500 Blks.

E07173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E07173

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2503 W. Pratt ST. 20th WARD)

2-FULL NAME Mary E. Dailey

(a) RESIDENCE NO. 2503 W. Pratt ST., 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 5 mos. 7 ds. How long in U. S., If of foreign birth? ——yrs. ——mos. ——ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph P. Dailey

6 DATE OF BIRTH (month, day, and year): Sept 4th 1871

7 AGE — Years: 54 — Months: 5 — Days: 7 — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John P. Shorter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Mrs. Virginia R. Mitchell

(Address) 2503 W. Pratt St

15 Filed ..... 19 .....

Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 1 1925 to Feby 11 1926

that I last saw her alive on Feby 11 1926

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Carcinoma of Colon

(duration) 5 yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) M. O'Neill M. D.

2/12 1926 (Address) 108 N Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Feb 15 1926

20 UNDERTAKER: F. B. Hepfner — ADDRESS: 1850 W Balto St

4926 C. Harper, Jones M. Pa.

DK

Spec.—1-10 21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07174 E07174

CERTIFICATE OF DEATH. 11-001

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 2528 Eager Place ST., 7-3 WARD)

2-FULL NAME Bernard D Farmer

(a) RESIDENCE NO. 2528 Eager Place ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 19/24

7 AGE: Years 1 | Months 3 15 | Days 24 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John A Farmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ellen V Constance

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: John A Farmer
(Address): 2528 Eager Place

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926, to Feb 13, 1926, that I last saw him alive on Feb 13 1926, and that death occurred, on the date stated above, at 2 20 A. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) J Fred Reynolds M. D.

2/13/26 (Address) 800 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer | DATE OF BURIAL: Feb 15 1926

20 UNDERTAKER: William Cook | ADDRESS: 502 E Fait Ave

Cor.—12-9-25—A Co.—200 Bks.

Elsasser.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07175

CERTIFICATE OF DEATH.

89 E07175

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 606 S Bond St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Elsasser (Elsasser)

(a) RESIDENCE NO. 606 S Bond St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 60 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Elsasser

6 DATE OF BIRTH (month, day, and year) Sept. 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman Clo.

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant William Elsasser

(Address) 506 S. Bond St.

15 Filed _____ 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) ____ yrs. 1 mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) James M Dulon M. D.

(Coroner)

2/14 1926 (Address) 700 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship — Date of Burial: 2-17-1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1499 E. Balto

C. HAMPSON JONES, M.D.

Spec. C. No. 21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1873 28

E07176

CERTIFICATE OF DEATH. X 49

E07176

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Frank Benner

(a) RESIDENCE NO. 217 Adams ST., Pleasantville, N. J. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Benner,

6 DATE OF BIRTH (month, day, and year) Unknown 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter Carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ... Pa.
(State or country)

PARENTS

10 NAME OF FATHER Harry Benner

11 BIRTHPLACE OF FATHER (city or town) Pa.
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Brooks

13 BIRTHPLACE OF MOTHER (city or town) Eng.
(State or country)

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14th 1925 to Feb. 13th 1926.

that I last saw h[illegible] alive on Feb 13th 1926

and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

3 years (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Paul G. Culley M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasantville N. J.

DATE OF BURIAL 2/17 1926

20 UNDERTAKER Wm. G. Schaffer

ADDRESS 18, 6 E. [illegible] St.

FEB 14 1926 HAMPSON JONES M. D.

Spec.—1-10-21—M&T—1500 Blks.

E07177 ✓ E07177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 11-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 Spence ST. 25-3 WARD)

2-FULL NAME Edward Belloff

(a) RESIDENCE NO. 1034 Spence ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): April 17, 1918

7 AGE: Years 7 8 | Months 9 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Carl Belloff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia Stekuke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant (Address): Mrs Freda Johnson 1034 S Pine St.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 11, 1926, to Feby 12, 1926, that I last saw h[illegible] alive on Feby 12, 1926, and that death occurred, on the date stated above, at 4-30 P m.

The CAUSE OF DEATH* was as follows:

influenza

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? — Date of .....

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Geo Schleffer, M. D.

(Address) 232 Wash Blvd

July 13 '26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul Cemetery Valestville

DATE OF BURIAL: Feb 16th 1926

20 UNDERTAKER: F. A. Krause & Son.

ADDRESS: 703 Hanover St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07178

CERTIFICATE OF DEATH.

101-001 E07178

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 Calon ave ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene F. Jendrek

(a) RESIDENCE NO. 751 Calon ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Marie P Langhorn Jendrek

6 DATE OF BIRTH (month, day, and year) Aug 21-1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical Work

(b) General nature of industry, business, or establishment in which employed (or employer) B&O

(c) Name of employer Balto & Ohio R.R.

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Charles E Jendrek

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Kate Petroff

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant E. M. Jendrek
(Address) 24 Reeds ave

15 Filed ....., 19 ... K.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1926, to Feb. 12, 1926

that I last saw him alive on Feb. 12, 1926

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted —
If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Standish McCleary M. D.

, 19 (Address) 1609 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cemetery — DATE OF BURIAL Feb. 15 1926

20 UNDERTAKER F. A. Schwaneke — ADDRESS 703 Hanover

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07179

CERTIFICATE OF DEATH.

90 E07179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Genl. Hosp. (ST.) 15-13 (WARD)

2-FULL NAME Cecelia M. Johnson

(a) RESIDENCE No. 1703 N. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Dean Johnson

6 DATE OF BIRTH (month, day, and year) June 22, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9 BIRTHPLACE (city or town) St. Mary's Co. (State or country) Md

PARENTS

10 NAME OF FATHER John Buckler

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Mary's Co. Md.

12 MAIDEN NAME OF MOTHER Mrs. Burroughs.

13 BIRTHPLACE OF MOTHER (city or town) St. Mary's Co. (State or country) Md

14 Informant Mrs. Cecelia Johnson.

(Address) 1703 N Fulton Ave

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

FEB 14 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12 1926

17

I HEREBY CERTIFY, That I attended deceased from 2/11, 1926, to 2/12 1926,

that I last saw her alive on 2/12, 1926,

and that death occurred, on the date stated above, at 5:30 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory

(Signed) Wm. C. Wright, M. D.

2/12 1926 (Address) Maryland Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Grove St Marys Co Md

DATE OF BURIAL Feb. 15 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N Betts St

Spec. 1-1921 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1894 E07180

E07180

CERTIFICATE OF DEATH.

101-001

15-11

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., ... WARD)

2-FULL NAME Margaret Parrish

(a) RESIDENCE NO. 2122 Herbert ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) October 7 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	2	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Harry Parrish

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Florence Beale

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15

Filed ..... 19 .....

R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 8th, 1926, to Feb. 12th, 1926.

that I last saw h[illegible] alive on Feb. 12th 1926,

and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (duration) ..... yrs. ..... mos 15 ds.

CONTRIBUTORY
(Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Thos. W Cornwall, M. D.

2/12, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem

DATE OF BURIAL Feb 15" 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1043 W Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07181 — CERTIFICATE OF DEATH. — 117 E07181

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hosp't (ST.) 10-2 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Cockrell

(a) RESIDENCE NO. 2131 W. Balto. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie A. Cockrell

6 DATE OF BIRTH (month, day, and year): May 18 1853

7 AGE: Years 72 Months 8 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: B&O R.R.

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: James Cockrell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Jane Potts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): London Co. Va.

14 Informant (Address): James Cockrell 2131 W. Balto St.

15 Filed ..... 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2—13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1926. to Feb. 13, 1926.

that I last saw him alive on Feb. 13, 1926.

and that death occurred, on the date stated above, at 12 40 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Peritonitis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. C. Wright, M. D.

2/13, 1926 (Address) Maryland Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Feb. 16 1926

20 UNDERTAKER: Joseph B. Cook ADDRESS: 1003 W. Balto St.

WILLIAM H. JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

Pratesi

E07182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E07182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1205 Gough (St.) 31 (Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Pratese

(a) RESIDENCE No. 1205 Gough St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 4-1925

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER William Pratese

11 BIRTHPLACE OF FATHER (city or town) Italy (State or country)

12 MAIDEN NAME OF MOTHER Victoria DeAngelis

13 BIRTHPLACE OF MOTHER (city or town) Italy (State or country)

14 Informant William Pratese

(Address) 1205 Gough St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to Feb 14, 1926

that I last saw h[illegible] alive on Feb 14, 1926

and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Primary Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. DiStefano, M. D.

Feb 14, 1926 (Address) 1407 N. Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pius Cem — DATE OF BURIAL Feb 14 1926

20 UNDERTAKER F. Coach 1806 — ADDRESS Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST., 7-1 WARD)

2-FULL NAME Jacob J. Lose

(a) RESIDENCE No. 1105 - 18th Ave, ST., Altoona WARD Pa —
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of B. A. Lose

6 DATE OF BIRTH (month, day, and year) Aug 4 - 1876

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Material Inspector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa -

PARENTS

10 NAME OF FATHER Jacob Lose

11 BIRTHPLACE OF FATHER (city or town) Pa (State or country)

12 MAIDEN NAME OF MOTHER Mary Geraghty

13 BIRTHPLACE OF MOTHER (city or town) Pa (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9 1926, to Feb 14 1926.

that I last saw him alive on Feb 14 1926.

and that death occurred, on the date stated above, at 10 20 a m.

The CAUSE OF DEATH* was as follows:

Brain Tumor Benign Glioma Cerebrum, RF

(duration) yrs. 6 mos 3 ds.

CONTRIBUTORY (Secondary) Pneumonia, Lobular Right (duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death? — Bronchopneumonia

Did an operation precede death? yes Date of Feb. 9, 1926

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy Operation

(Signed) J. E. Hall, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Altoona Pa — DATE OF BURIAL Feb. 14 1926

20 UNDERTAKER George L. Schwab ADDRESS 2301 Buck. Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

E07184 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 7184

CERTIFICATE OF DEATH. X 74-001 E07184

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 1047 W. Lanvale St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Baily Bowers

(a) Residence No. Westminster Carroll Co. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female | 4-COLOR OR RACE, white | 5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE John Bowers

6-DATE OF BIRTH (month, day and year) June 12-1847

7-AGE 76 yrs. 8 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), N. Y.

PARENTS.
10-NAME OF FATHER John Nichols
11-BIRTHPLACE OF FATHER (city or town) (State or Country), England
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Unknown

14-
(Informant) Grace Hodder
(Address) 1047 W. Lanvale St.

15-
Filed ..... 192 .....
Registrar.
Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 14-26

17- I HEREBY CERTIFY, That I attended deceased from 2-1 1926 to 2-14 1926
that I last saw h[illegible] alive on 2-14 1926
and that death occurred, on the date stated above, at 2:10 P.M.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis
Cerebral
Hemorrhage
(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Ex Concussion
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) T. C. Hollen M. D.
2/14/26 (Address) 2757 W. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Westminster Md	Feb 17 1926
20-UNDERTAKER.	ADDRESS
J. A. Lanier & Son	Westminster Md.

E. HAMPDEN JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E 7185

HEALTH DEPARTMENT—CITY OF BALTIMORE

7185

CERTIFICATE OF DEATH.

+ 57 E 7185

1-PLACE OF DEATH West Balto General Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Rayner Ave, Dukeland ST., 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lydia Rosier.

(a) RESIDENCE NO. Parkton Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Rosier

6 DATE OF BIRTH (month, day, and year) Apr 23 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or mtn.
	60	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thos Downs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Stoffle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thomas Rosie

(Address) Parkton Md

15 Filed , 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 29. , 1926 to Feb 14 , 1926, that I last saw h alive on Feb 14 , 1926, and that death occurred, on the date stated above, at 11.50 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

Diabetic Gangrene

Chronic Nephritis

(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) — yrs. — mos. One ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb. 11-1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Parker M. D.

Feb 14, 1926 (Address) West Balto. Gen. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Market Cem — DATE OF BURIAL: Feb 17 1926

20 UNDERTAKER E Le Roy Stoffle — ADDRESS 124 S Mth Ave

PK.

Spec—12-23-21—E.B.R.S.—400 Bks.

E07186

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001186.

CERTIFICATE OF DEATH.

E07186

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Penitentiary St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Reuben Stanley Baldwin

(a) Residence No. Annealie Apts - 1203 N Chas St. St., Ward. Resident

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 0 mos. 28 ds. How long in U. S., if of foreign birth? 61 yrs. 1 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie B. Baldwin

6-DATE OF BIRTH (month, day and year) Dec. 17, 1864

7-AGE, 61 yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Broker

(b) General nature of industry, business, or establishment in which employed (or employer)..... Brokerage

(c) Name of employer..... Self

9-BIRTHPLACE (city or town) (State or Country), Anderundel County

PARENTS.

10-NAME OF FATHER, Reuben Baldwin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England.

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England.

14-(Informant)..... E. D. Hall

(Address)..... Linthicum Heights, Md.

15-

Filed..... 192.....

C. HAMPSON JONES, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 14 1926.

17- I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1926, to Feb 14, 1926, that I last saw h.. alive on Feb. 14, 1926, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia.
Auricular Fibrillation

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza ?

(Duration) yrs. mos. 9 ds.

18-Where was disease contracted if not at place of death? Maryland Penitentiary

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas P. Sprunt, M. D.

Feb. 14, 1926 (Address) 1035 N. Calvert St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal**. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cem. Baltimore, Md.

DATE OF BURIAL, Feb 15 1926

20-UNDERTAKER, STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

7187

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07187

CERTIFICATE OF DEATH.

78 E07187

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 2801 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Kelly

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD Phila Pa.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred abt 4 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Kelly

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
abt	67	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None ~~Phila Pa~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Phila Pa

(State or country) Pa

PARENTS

10 NAME OF FATHER John Kelly

11 BIRTHPLACE OF FATHER (city or town) (?)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Bowen

13 BIRTHPLACE OF MOTHER (city or town) (?)

(State or country) Ireland

14 Informant Records of Mt Hope Retreat

(Address) Mt Hope Retreat

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14th 1926

17

I HEREBY CERTIFY, That I attended deceased from April, 1922, to Feb 14th, 1926, that I last saw him alive on Feb 13th, 1926, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Epilepsy

abt (duration) 15 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Epileptic Psychosis

abt (duration) 15 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Phila Pa

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

Feb 14th, 1926 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila Penna DATE OF BURIAL Feb 15 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

C. HAMPSON JONES, M. D.

FEB 15 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07188

CERTIFICATE OF DEATH.

90 ✓ 7188

REGISTERED NO. E07188

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2431 St.Paul St ST., 12th WARD)

2-FULL NAME Eliza Ann Cutherell

(a) RESIDENCE NO. 2431 St.Paul St ST., 12th WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 83 yrs. 2 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) Dec.6-1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Portsmouth Va.

PARENTS

10 NAME OF FATHER Robert H.Cutherell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Portsmouth Va.

12 MAIDEN NAME OF MOTHER Mary Peed

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pottsmouth Va.

14 Informant: Miss Ethel L.Snow (Neice)
(Address) 2431 St.Paul St

15 Filed Feb.13, 1926 Registrar R.E.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1926, to Feb. 13, 1926, that I last saw her alive on Feb. 12, 1926, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
and organic heart disease
4
Organic heart disease
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 3½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) Frank T. Smith, M. D.

Feb.13, 1926 (Address) 927 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Feb.15 1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM P. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

HAMPSON JONES, M.D.
FEB 15 1926

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07189 ✓ 7189.

CERTIFICATE OF DEATH.

E07189

1-PLACE OF DEATH Lunacy Commission Athol — REGISTERED NO. C

CITY OF BALTIMORE: (No. Fremont Road ST.; 28 WARD) 91-002

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Sarah M Day

(Residence in Baltimore: No. Lunacy Commission—Athol, Fremont Rd St.; 8 yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, December 21st, 1843.
(Month) (Day) (Year)

7-AGE, 82 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lady
(b) General nature of Industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, William DeVan

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Sarah Johns DeVan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. L. M. Day - (Son)

(Address) Perrypoint - Md.

15-

Filed....., 191.....

K K Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 14, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1918, to Feb 14 1926, that I saw h alive on Feb 14th 1926, and that death occurred, on the date stated above, at 3.05 P.m.

The CAUSE OF DEATH* was as follows:

Senile Coma Hypostatic

(Duration) ....yrs. ....mos. 2d. ds.

CONTRIBUTORY (Secondary) Cystitis Chronic

(Duration) 20 yrs. ....mos. ....ds.

(Signed) Alpheus T. Lunacy M. D.

Feb. 14, 1926 (Address) Athol Fremont Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 8 yrs. 1 mos. 2 ds. In the State Most of his life yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home of Record

Former or usual residence Catonsville Md

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Feb. 16, 1926

20-UNDERTAKER, STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07190

CERTIFICATE OF DEATH.

90 E07190

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 11-2 WARD)

2-FULL NAME Edward Eberry

(a) RESIDENCE NO. 1076 Madison Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Groom

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn, N. Y.

PARENTS

10 NAME OF FATHER John Eberry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Louise ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1926, to Feb. 9, 1926, that I last saw him alive on Feb. 9, 1926, and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic myocarditis

(duration) 6 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) 1 (History) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller, M. D.

2/11, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion — DATE OF BURIAL 2-15 1926

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Hull St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07191

CERTIFICATE OF DEATH.

E07191

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1721 Baker st St., 15-13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Holt

(a) RESIDENCE NO. 1721 Baker st St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred N yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2-23-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto - Md.

PARENTS

10 NAME OF FATHER Wm. Holt

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co., Md

12 MAIDEN NAME OF MOTHER Lula Penn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co. Md

14 Informant Lula Holt

(Address) 1721 Baker St

15 Filed FEB 15 1926, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12- 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-6-, 1926, to 2-12-, 1926, that I last saw h— alive on 2-11-, 1926, and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Influenza Pneumonia knowledge 6 days

(duration) History yrs. mos 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) George C. Page, M. D.

, 19 (Address) 1716 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Feb 15 1926

20 UNDERTAKER Virginia A. Brooks — ADDRESS 1463 Carey

Spec.—1-10-21—MAT—1500 Blks.

E07192

HEALTH DEPARTMENT—CITY OF BALTIMORE

001 E07192

CERTIFICATE OF DEATH.

15-13/100

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 Gold ST. 15 WARD)

2-FULL NAME Mildred Bond

(a) RESIDENCE NO. 626 Gold ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Feb 12, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER James Bond

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Ella Bond

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Ella Bond
(Address) 626 Gold St.

15 Filed ..... 19 ..... Registrar

HAMPSON JONES, M. D.
2 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1926, to Feb 13, 1926,

that I last saw h W alive on Feb 3, 1926,

and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
(Primary)

(duration) yrs. mos 8 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Frey, M. D.

2/14, 1926 (Address) 1928 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Feb 16 1926

20 UNDERTAKER Virginia G. Brooks — ADDRESS 1463 11th Ave

Spec.—1-12-23—MAT—500 Mks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07193

CERTIFICATE OF DEATH.

90 E07193

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 110 N Gilmore ST. 14-1 WARD)

2-FULL NAME Samuel Wilson

(a) RESIDENCE NO. 110 N Gilmore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Wilson

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

67

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 073

(b) General nature of industry, business, or establishment in which employed (or employer) R.R. Station

(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Samuel Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Munger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Cora Wilson

(Address) 110 N Gilmore St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13th. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25 , 19 25 , to Feb. 13th. , 1926 ,

that I last saw him alive on Feb. 13th. , 19 26 ,

and that death occurred, on the date stated above, at 8.15 p.m.

The CAUSE OF DEATH* was as follows:

Broken compensation Cardiac

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Mitral ins.

(duration) ? yrs. 0 mos. 7 da.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Staunton Va — DATE OF BURIAL: Feb 15/926

20 UNDERTAKER: Dan'l Earlom — ADDRESS 916 Pine

Spec.—1-10-21—M&T—1500 Bks.

E07194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E07194

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1279 Division ST., 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Burgess

(a) RESIDENCE NO. 1279 Division ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elz. Burgess

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in whiich employed (or employer) Philadelphia

(c) Name of employer Contract Co

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Peter Burgess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Elz. Burgess (Address) 1279 Division St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1920

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9th, 1920, to Feb 14, 1920, that I last saw h[illegible] alive on Feb. 12, 1920, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Hard work

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation preeede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. [illegible] M. D.

(Address) 924 Mad. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Feb 15/1920

20 UNDERTAKER Harris Taylor

ADDRESS 916 60 ave

Cor.—1-12-23—M&T—100 Blks.

E07195

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07195

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 776 W. Saratoga ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas Jenkins

(a) RESIDENCE No. 776 W. Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov 22/1924

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	3	12	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) Balto
(State or country) Md

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Agnes Dunbar

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant 776 W Saratoga St
(Address) Jenkins

Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febr 2 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho. Pneumonia

(duration) yrs. 1 mos 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) H. C. Wades, M. D.
(Coroner.)

Feb 2, 192 6 (Address) 743 Fortieth

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Feb 15/1926

20 UNDERTAKER Dan Easton — ADDRESS 716 Pa Ave

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07196

CERTIFICATE OF DEATH.

90 E07196

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 John ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine Virginia Hopper

(a) RESIDENCE NO. 1405 John St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. - mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Daniel C. Hopper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Queen Anne Co. Md

12 MAIDEN NAME OF MOTHER Evaline H. McCollister

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Anne Co Md.

14 Informant Frank W. Hopper (Address) 1331 Linden Ave

15 Filed ..., 19... Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15 1923, to Feb 12 1926, that I last saw her alive on Feb 11 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. 7 mos 29 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. 7 mos. 29 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) G. W. Billups, M. D.

19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 2/15 1926

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. Calvert St

Spec—12-23-21—E.B.R.S.—400 Bks.

E07197

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 V

CERTIFICATE OF DEATH.

E07197
Registered No.

1-PLACE OF DEATH Baltimore City Hospitals B-V

City of BALTIMORE: (No. Bay View Asylum St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Brown

(a) Residence No. 115 S. Dallas Street St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, Divorced (Write the word.)
Male	Black.	Married

5a-If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Mary Brown

6-DATE OF BIRTH (month, day and year) 1876

7-AGE	If LESS than 1 day
50 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Virginia

PARENTS.

10-NAME OF FATHER, Abraham Brown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia

12-MAIDEN NAME OF MOTHER, Jane —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Virginia

14- (Informant) Hospital Records
(Address) Baltimore City Hospitals

15- Filed ..... 192.. K K Registrar.

C. HAMPSON JONES, M.D.
DEC 5 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 13 1926

17- I HEREBY CERTIFY, That I attended deceased from 12-31-25 to Feb 13 1926 that I last saw him alive on Feb 13 1926 and that death occurred, on the date stated above, at 2.45 A m.

The CAUSE OF DEATH* was as follows:

Streptococcic Pelvic Peritonitis
probably from appendix 3 days
Chronic Bronchitis Cystitis Nephritis
Cerebral Sclerosis (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bilateral Lobar Pneumonia (Duration) yrs. mos. 1. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 10 - 1926
Laparotomy & Drainage
Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Lab. Tests

(Signed) Jos. C. Hampson M. D.
(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel cemetery	Feb 16 1926

20-UNDERTAKER	ADDRESS
Edward Bryan	1631 orleans st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07198

CERTIFICATE OF DEATH.

E07198

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Fairmount Ave ST., C-1 WARD)

2-FULL NAME Miss Anna Louise Dawson

(a) RESIDENCE NO. Glyndon Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 4 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Nov 12 1869

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or min.
66	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): at Rest Glen

(c) Name of employer: School

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: Lewis H Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Elmira Sparks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant: Lewis Dawson

(Address): Glyndon Balto Co Md

15 Filed ....., 19 ..... Registrar

P.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1925, to Feb 19, 1926, that I last saw her alive on Feb 13, 1926 and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary growth in mediastinum

liver. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Oct. 12. 1925.

Was there an autopsy? No.

What test confirmed diagnosis? Autopsy

(Signed) F. W. Wright M. D.

, 19 (Address) Church Home Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: All Saints Cemetery — DATE OF BURIAL: Feb 16 1926

20 UNDERTAKER Reutershan and ADDRESS

J. F. Ellis & Son Reutershan Md

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07199

CERTIFICATE OF DEATH.

16-001

E07199

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE (No. 15-13 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Hodges.

(a) RESIDENCE NO. 1622 Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years | Months | Days: 1 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Richard A. Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Records. (Address) JOHNS HOPKINS HOSPITAL.

15 Filed ..., 19... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11 1926.

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Premature 1

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [signature] M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: 19

20 UNDERTAKER: C. Hampson Jones, M. — ADDRESS: JOHNS HOPKINS HOSPITAL

FEB 15 1926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07200 — 18 — E07200

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Gwynns Falls (Hillsdale) St. 28-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter R Crawford

(Residence in Baltimore: No. 1 Tucker ave St.; yrs., 10 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M	W	Single

6-DATE OF BIRTH, ... Mr (Month) 26 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
10 yrs. 3 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frederick C Crawford

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Parrish

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick C Crawford

(Address) 1 Tucker ave

15-

Filed....., 191..... [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 11 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said id (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fellsborough Md

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. J. Hennessy, M. D. (Coroner.)

Feb. 12 1926 (Address) 2502 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Forrainn Cemetery	Feb 15 1926
20-UNDERTAKER	ADDRESS
W M Rockon	2238 Northern

C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07201

CERTIFICATE OF DEATH.

91-082 E07201

1-PLACE OF DEATH E. (Gardenville 2nd)

CITY OF BALTIMORE: (No.) 1 Franklin Ave. (ST.) 27-14 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis J. Dreves

(a) RESIDENCE NO. 1 Franklin Ave ST., Gardenville WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. — mos. — ds. How long in U. S., if of foreign birth? 73 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs Katharine Dreves

6 DATE OF BIRTH (month, day, and year) June 28 1832

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Cigar Manufacturer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Dreves

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs Katharine Dreves

(Address) No. 1 E. Franklin Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 12 1926

17 I HEREBY CERTIFY, That I attended deceased from January 30, 1926, to February 12, 1926, that I last saw ~~him~~ alive on February 8th, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

Cancer of Stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wood Lower, M. D.

(Address) February 13, 1926 1301 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	February 16 1926
20 UNDERTAKER	**ADDRESS**
Henry Hoech Son	1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E07202

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E07202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 E Hoffman St., 9-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Gehring

(a) RESIDENCE NO. 1005 E Hoffman St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 6 mos. 25 ds. How long in U. S., if of foreign birth? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Johan G. Gehring.

6 DATE OF BIRTH (month, day, and year) July 30 1851

7 AGE: Years 74 Months 6 Days 25 (If LESS than 1 day, hrs. or min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John Metz

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Catherine Horst

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs. Anna M. Gehring

(Address) 1005 E Hoffman St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1925, to Feb 14, 1926, that I last saw h alive on Feb 14, 1926, and that death occurred, on the date stated above, at 1.55 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, Endocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J. H. Edwards, M. D.

(Address) 1218 Mc Culloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Feb 17 1926

20 UNDERTAKER: Henry Hoerle Son — ADDRESS: 1301 E Eager St

B 5 1926 Hampson Jones M

Spec.—1-10-21—M&T—1500 Bks.

Strauff

E07203

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

CERTIFICATE OF DEATH.

E07203

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 Penna ave 14-1 ST., WARD)

2-FULL NAME Catherine Strauff

(a) RESIDENCE NO. 1835 Penna ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 13 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Carl Schattall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mark Gensler

(Address) 1835 Penna ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Jany 31, 1926, to Feby 13, 1926

that I last saw her alive on Feby 13, 1926

and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronch. Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Geo Schaffer M. D.

Feb 15 1926 (Address) 2320 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Hebrew Cem.

DATE OF BURIAL Feb. 16th 1926

20 UNDERTAKER Geo. Lembach & Son.

ADDRESS 64 W. Pratt St.

FEB 15 1926 HAMILTON JONES, M. D.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E07204 HEALTH DEPARTMENT—CITY OF BALTIMORE E07204

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1057 Raborg ST. 18-2 WARD) REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John W. Parker

(a) RESIDENCE. No. 1057 Raborg ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Patrick Johnson

(Address) 1057 Raborg

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Feb 11, 1926, that I last saw h alive on Feb 10, 1926, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Coryza Disease

of Heart

Chronic Interstitial

Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J T Woodward M. D.

Feb 12 1926 (Address) 937 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Feb 15 1926
20 UNDERTAKER	ADDRESS
Daniel Carbon	916 Penna Ave

E07205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 E07205

1-PLACE OF DEATH Georgia Ave Bellevue 20-2 Registered No. C.....

City of BALTIMORE: (No..... St.,..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsworth M Jenkins

(Residence in Baltimore: No. 3145 Stafford St St.; yrs. Life mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 6 1915
(Month) (Day) (Year)

7-AGE, 10 yrs. 5 mos. 17 ds. If LESS than 1 day, ... hrs. or.... min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Thomas E Jenkins

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Late Georgia E Moore

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas E Jenkins

(Address) 3145 Stafford St

15-

Filed ..... 192.....

..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 11, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned,
Accidental
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Fell through ice
(Duration) ... yrs. ... mos. ... ds.

(Signed) J. J. Hannes M.D.
(Coroner.)

Feb 12 1926 (Address) 2802 Edmondson

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Forest Lawn Cemetery	Feb 15 1926
20-UNDERTAKER. Harry H Fitzke	ADDRESS 1531 W Fayette St

Spec.—1-10-21—M&T—1500 Bks.

E07206

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E07206

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Volunteer of American Hospital

CITY OF BALTIMORE: (No. 41 & W. Lexington ST., 1 WARD) 125

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emil Bagge

(a) RESIDENCE NO. 1906 Sherwood Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Mary Bagge

6 DATE OF BIRTH (month, day, and year): Jan 30 1872

7 AGE — Years: 54 — Months: 0 — Days: 12 — If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Collector

(b) General nature of industry, business, or establishment in which employed (or employer): 07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Copenhagen Denmark

PARENTS

10 NAME OF FATHER: Unknown Bagge

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mrs. Bagge
(Address) 1906 Sherwood Ave

15 Filed ..., 19... RE Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 12, 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926. to Feb. 12, 1926.

that I last saw he alive on Feb. 11, 1926

and that death occurred, on the date stated above, at 5 15 a, m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Karl J. Stammueller, M. D.

, 19 (Address) 327 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 2/15 19 2

20 UNDERTAKER: Harry H Wight — ADDRESS: 1501 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

18778 E07207

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E07207

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 11-1 WARD)

2-FULL NAME Thomas Barnett

(a) RESIDENCE No. 154 Stockton ST., Balto WARD Md —
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2 1/2	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER James Barnett

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Annie —

13 BIRTHPLACE OF MOTHER (city or town) Md —
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Feb 10, 1926.

that I last saw him alive on Feb 10, 1926.

and that death occurred, on the date stated above, at 3 30 P.m.

The CAUSE OF DEATH* was as follows:

Rickets

Atalectasis of lung

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A W Jacobson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
FEB 1926
HAMPSON JONES, M. D.
Per JOHNS HOPKINS HOSPITAL

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07208 101-201 E07208

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Genl Hosp. (ST.) 13-5 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Burdette

(a) RESIDENCE NO. 1511 Kensett St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11th 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co.

PARENTS

10 NAME OF FATHER Thos. Burdette

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co.

12 MAIDEN NAME OF MOTHER Sarah Warfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co.

14 Informant Mrs. Burdette (wife)
(Address) 1511 Kensett St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12 19 26

17 I HEREBY CERTIFY, That I attended deceased from 2/11, 19 26, to 2/12, 19 26,
that I last saw him alive on 2/12, 19 26,
and that death occurred, on the date stated above, at 7:15 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos ? ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ..... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Tompkins, M. D.

, 19 (Address) Md Genl Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western	Feb 16 1926
20 UNDERTAKER	ADDRESS
John F Dillon	1700 W Fayette st

MAR 5 1926 HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E07209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E07209

1-PLACE OF DEATH Franklin Sq Hospl

REGISTERED NO. 120-3

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lula E. Eschbach.

(a) RESIDENCE No. 540 N. Pulaski St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lula E Eschbach

6 DATE OF BIRTH (month, day, and year) Aug 13, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car cleaner 078

(b) General nature of industry, business, or establishment in which employed (or employer) United Railway

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Henry Eschbach

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Schmidt

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Mrs Lula E Eschbach

(Address) 540 N Pulaski St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17 19 26

17

I HEREBY CERTIFY, That I attended deceased from 2/10, 19 26, to 2/17, 19 26.

that I last saw h alive on 2/14, 19 26.

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) Wm. Murphy M. D.

2/17, 19 26 (Address) Franklin Sq Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Feb 19 1926
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07210

E07210

CERTIFICATE OF DEATH.

129

REGISTERED NO. 19-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Hollins ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Selara Roberts Gibson

(a) RESIDENCE NO. 1610 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 17, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John B. Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Anna R Amos

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant Annie E. Van Arstale (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1926, to Feb. 13, 1926, that I last saw h[illegible] alive on Feb. 12, 1926, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart.

(duration) yrs. mos Sudden ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

(duration) 3 or 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Bunn and Hood M. D.

2/15, 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Feb 15 1926
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07211

CERTIFICATE OF DEATH.

REGISTERED NO. E07211

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 N Gilmor ST.; 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Johnson

(a) RESIDENCE. NO. 302 N Gilmor ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C	Sing

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) 0 10

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Thomas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Harriet Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Harriet Johnson
(Address) 302 N. Gilmor

15 Filed , 19 Registrar RAC.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Fri 12 1919

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1919, to Fri 12, 1919, that I last saw h alive on Fri 12, 1919, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Howard, M. D.

Dec 16, 19 (Address) 1092 Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Dec 19
20 UNDERTAKER	ADDRESS
Samuel W Shuster & Son	430 Madison

HEALTH DEPARTMENT--CITY OF BALTIMORE

E07212 — 101-004 — E07212

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 549 N. Barre ST.: 27-1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Tabb

(Residence in Baltimore: No. 549 N. Barre St.: 21 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: M

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Don't Know (Month) ....., 1884 (Year)

7-AGE: 42 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer): O/O

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Lewis Tabb

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Lucy Cole

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Lewis

(Address) 524 N Barre

15

Filed ....., 191 .....

REGISTRAR RK

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby (Month) 12 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 11, 1926, to Feby 12, 1926, that I saw h[illegible] alive on Feby 12, 1926, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. Lefkowitz M.D., M. D.

2/12/, 191 (Address) 524 West. Balt —

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: Feb 15, 1926

20-UNDERTAKER: Sam H Chase Wm | ADDRESS: 1400 Mad[illegible]

FEB 15 1926

Every important Instruction on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07213 — CERTIFICATE OF DEATH. — 118 E07213

1-PLACE OF DEATH Franklin Sq Hosp — REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST. 701 WARD) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Pauline Siegmund

(a) RESIDENCE No. 4006 W. Franklin ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 6 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced (Husband) of (or) WIFE of August Siegmund

6 DATE OF BIRTH (month, day, and year) Aug 14 1862

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) ... (State or country) Balto Md

PARENTS

10 NAME OF FATHER Ferdinand Gunther

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Germany

14 Informant Mr August Siegmund (Address) 4006 W. Franklin St

15 Filed ... 19 ... Registrar KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/2 1926, to 2/14 1926, that I last saw h alive on 2/12 1926, and that death occurred, on the date stated above, at 8P m.

The CAUSE OF DEATH* was as follows:

Cerebral Intestinal Obstruction

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ... Surg. Adhesions

Did an operation precede death? Yes Date of 2/4 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical Operation

(Signed) Dr. Entwistle, M.D.

Feb 13 1926 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

London Park Cemetery — Feb 15 1926

20 UNDERTAKER — ADDRESS

J. S. Joerdens & Son — 217 S. Paca St

FEB 15 1926 H. LAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E07214

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07214

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 3308 Chestnut Avenue

CITY OF BALTIMORE: (No. 3308 Chestnut Ave. ST., 13-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M. Christy.

(a) RESIDENCE NO. Cockeysville Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of H. Vernon Christy.

6 DATE OF BIRTH (month, day, and year) April 26/1888.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	9	18.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Savage

(State or country) Maryland

PARENTS

10 NAME OF FATHER Franklin Ferguson.

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary J. Bennett.

13 BIRTHPLACE OF MOTHER (city or town) Wheeling.

(State or country) West. Va.

14

Informant H. Vernon Christy.

(Address) Cockeysville Md.

15

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14/ 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 9. 1926. to Feb- 14 1926.

that I last saw h e alive on Feb- 14 1926.

and that death occurred, on the date stated above, at 5.30. p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examn.

(Signed) G. J Davis, M. D.

2-15 1926 (Address) 800 N 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect hill cem Towson

DATE OF BURIAL 2/17/26

20 UNDERTAKER J. Walter Davis

ADDRESS 3307 Paine St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07215

CERTIFICATE OF DEATH.

90 E07215

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 Rossiter Ave ST. 27-8 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Coldenstroth.

(a) RESIDENCE NO. 325 Rossiter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph Coldenstroth

6 DATE OF BIRTH (month, day, and year) Oct 28 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	83	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... at home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Karl Speckmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Dorothea Mueller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Mrs Mary Brandt

(Address) 325 Rossiter ave

15 Filed , 19 K.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2nd 1926, to Feb 13 1926, that I last saw h[illegible] alive on Feb 12 1926, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

3/13. 1926 (Address) 3901 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel

DATE OF BURIAL Feb 16 1926

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

Spec.—12-9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07216

161-001

CERTIFICATE OF DEATH.

E07216

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 608 N. Streeper St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis J. Wheatley

(a) RESIDENCE NO. 608 N. Streeper St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 12 26

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
				12

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country)

PARENTS

10 NAME OF FATHER: Frank A. Wheatley

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER: Fellows Holladay

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country)

14 Informant: Frank A. Wheatley

(Address) 608 N. Streeper St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to Feb 17, 1926, that I last saw h alive on Feb 17, 1926, and that death occurred, to the date stated above, at 11 45 m.

The CAUSE OF DEATH* was as follows:

Prematurity Built

(7 mos)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Thos Dufford M.D.

2-17-1926 (Address) 600 N Patt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Feb 15 1926

20 UNDERTAKER: Frank Broadbeck ADDRESS: 1916 E Pratt

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07217 — CERTIFICATE OF DEATH, — 14-001 E07217

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 Batavia Ave ST., 27th WARD) — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Bilz

(a) RESIDENCE No. 35 Batavia Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Bilz

6 DATE OF BIRTH (month, day, and year) April 1, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	10	9.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cellarman

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Peter Bilz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Blum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Barbara Bilz (Address) 35 Batavia Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13. 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1926, to Feb 13, 1926, that I last saw h/w alive on Feb. 13, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jones, M. D.

2/15 1926 (Address) 478 Harford ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery. — DATE OF BURIAL Feb 15 1926

20 UNDERTAKER Geo. F. Rust — ADDRESS 1335 Harford Ave

FEB 15 1926

RK

Spec.—1-10-21—M&T—1500 Bks.

E07218

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

129 E07218

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 E Northern ST., 9-6 WARD)

2-FULL NAME Emile Lautenbach.

(a) RESIDENCE No. 1401 E. Northern ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lina Lautenbach.

6 DATE OF BIRTH (month, day, and year) July 7/1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer) Owner

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Lautenbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Lina Lautenbach (Address) 1401 E. North ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1925 to Feby 13, 1926, that I last saw him alive on Feby 13, 1926 and that death occurred, on the date stated above, at 6.45 ~ a pm.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic hypocardetis a Chronic nephritis (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy?

What test confirmed diagnosis? Albuminuria etc.

(Signed) J. A. Bauer, M. D.

2/15 1926 (Address) 1517 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feb 15 1926

20 UNDERTAKER: Geo. J. Rutt — ADDRESS: 1335 Park ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07219 8-4 111-001 E07219

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Wess

(a) RESIDENCE NO. 2015 E. Preston St St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Wess

6 DATE OF BIRTH (month, day, and year) May 15/1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Anthony Wess

(Address) 2015 E. Preston St

15 Filed_____, 19_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Peritonitis following ruptured Gastric Ulcer.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Waters M. D.

(Coroner)

2/15/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Date of Burial 2/16 1926

20 UNDERTAKER George & Ruth ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

Mueller

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E North

74-001

07220

CERTIFICATE OF DEATH.

E07220

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 East Lake ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Gruenewald Sr

(a) RESIDENCE No. 420 East Lake ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Amelia J.

6 DATE OF BIRTH (month, day, and year) 12-6-1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 030

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Wm Martin and Co

9 BIRTHPLACE (city or town) (State or country) Baltimor Md

PARENTS

10 NAME OF FATHER Ernst Gruenewald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlott Steigman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Amelia J Gruenewald

(Address) 420 E Lake Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to Feb. 14, 1926, that I last saw h~~im~~ alive on Feb 13, 1926, and that death occurred, on the date stated above, at 2 PM m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 9 days ago -
followed by partial paralysis -
Edema of lungs -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) or.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No -

What test confirmed diagnosis? —

(Signed) Dr. Mueller, M. D.

, 19 (Address) 108 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 2/17 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07221 E07221

CERTIFICATE OF DEATH.

REGISTERED NO. 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Morris Saylor

(a) RESIDENCE No. 2104 St. Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word) ~~Never~~ Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva

6 DATE OF BIRTH (month, day, and year) April 19-1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	42	9	26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman. 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER W. S. Saylor

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Mary A. Kinney

13 BIRTHPLACE OF MOTHER (city or town) Pa.
(State or country)

14 Informant Wm S. Saylor Jr.
(Address) 2104 St Paul St.

15 Filed ..., 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1925 to Feb. 14, 1926.

that I last saw h alive on Feb. 14, 1926,

and that death occurred, on the date stated above, at 12 05 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) 17. mos.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Autopsy

(Signed) W Spruance M.D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Feb 16 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E North

FEB 15 1926 HAMPSON JONES, M. D.

E07222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E07222

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1207 Shields alley WARD 17-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Bates

(Residence in Baltimore: No. 1207 Shields alley St.: yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	colored	unmarried

6-DATE OF BIRTH, about ..... (Month) ....., (Day) 1864 (Year)

7-AGE, 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: cook
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bates

(Address) 1201 Shields alley

15-

Filed ....., 191..... K K .....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 13, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Feb. 14 1926 (Address) 280 E Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Virginia

19-PLACE OF BURIAL OR REMOVAL, Mount Zion Cem. DATE OF BURIAL, Feb 15 1926

20-UNDERTAKER Adolphus Halstead ADDRESS 904 N Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

07223

CERTIFICATE OF DEATH.

94-001
E07223

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1613 W. Lexington St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arrie Washington

(Residence in Baltimore: No. 1613 W. Lexington St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Cold

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Dec 22nd 1925
(Month) (Day) (Year)

7-AGE: — yrs. 1 mos. 22 ds. (21)

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Abbie Washington

11-BIRTHPLACE OF FATHER, (State or Country): Ga.

12-MAIDEN NAME OF MOTHER: Viola Butler

13-BIRTHPLACE OF MOTHER, (State or Country): Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Washington

(Address) 1613 W. Lexington St.

15-

Filed ..... 192.....

FEB 5 1926 C. HARRISON JONES, M.D.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13th 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, Inquiry (Inquest, Autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Norton M. D.

Feb 13 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal. Bronchitis

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Auburn	2-15, 1926
20-UNDERTAKER.	ADDRESS
Joseph A. Lively	151 Winterave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07224

CERTIFICATE OF DEATH.

129 E07224

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28th WARD)

2-FULL NAME Joseph Germershausen

(a) RESIDENCE NO. Mt Hope Retreat ST. 28th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. 2 ds. How long in U. S., if of foreign birth? born here yrs. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a if married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Germershausen

6 DATE OF BIRTH (month, day, and year) Aug 6 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69 Years	6	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer) At work -

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md -

PARENTS

10 NAME OF FATHER Ludwig Germershausen

11 BIRTHPLACE OF FATHER (city or town) (State or country) (?) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) " (State or country) " "

14 Informant (Address) Records of Mt Hope Retreat Mt Hope Md.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 7th, 1926, to Feb 14, 1926, that I last saw him alive on Feb 14, 1926, and that death occurred, on the date stated above, at 6.15 a. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis Post Chs. Interstitial Nephritis -

(duration) 0 yrs. 3 mos 0 ds.

CONTRIBUTORY (Secondary) Dept Psychosis

(duration) 0 yrs. 3 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross acc

DATE OF BURIAL 2-17 1926

20 UNDERTAKER E & B Harle

ADDRESS 115 E Mead St

Spec.—1-10-21—M&T—1500 Bks.

E07225

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07225

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (St.) 3-2 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Smith

(a) RESIDENCE No. 314 S. Spring ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Schmidt

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37 0

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ....., 19 ..... Registrar

K H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1926, to Feb. 13, 1926, that I last saw her alive on Feb. 13, 1926 and that death occurred, on the date stated above, at 1:35 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Miller, M. D.

2/17, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Feb. 16 1926

20 UNDERTAKER Henry Sander & Sons Inc. — ADDRESS 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60-001

E07226

E07226

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home + Infirmary 279

CITY OF BALTIMORE: (No. Church Home + Inf. ST., WARD)

2-FULL NAME Mrs. Mary Parker

(a) RESIDENCE No. 4917 Tioga Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Wife

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 27 1900

7 AGE: Years 25 Months 9 8 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Thomas Moffett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant Thos. Moffett

(Address) 4917 Tioga ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926, to Feb. 13, 1926.

that I last saw her alive on Feb. 13, 1926

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Exophthalmic Goitre

(duration) several. yrs. mos ds.

CONTRIBUTORY (Secondary) Shock.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't know.

Did an operation precede death? yes Date of Feb 13.

Was there an autopsy? yes

What test confirmed diagnosis? Basal metabolism

(Signed) [illegible], M. D.

, 19 (Address) Church Home + Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Feb 16 1926

20 UNDERTAKER: Schumacher (Carsten) 1004 Argyle St — ADDRESS

[illegible] CHAMPION JONES, M. D.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07227

CERTIFICATE OF DEATH.

E07227

24-2 185

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1737 William ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jas. M. Baker.

(a) RESIDENCE. NO. 1737 William ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 30, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	3	14	

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore. Md
(State or country)

PARENTS

10 NAME OF FATHER Le Roy Baker.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Mary V. Hedrick

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md

14 Informant Mary, V. Baker
(Address) 1737 William

15 Filed ..., 19 ... Registrar

R 1 5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1926, to Feb. 14, 1926, that I last saw him alive on Feb. 13, 1926, and that death occurred, on the date stated above, at 1255 noon.

The CAUSE OF DEATH* was as follows:

Emphysema (Cause)

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown.

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? None Date of Feb. 11. '26.

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Wm. T. Seabury M. D.

2-18 1926 (Address) 636 Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Warren, Md. Poplar Cem.

DATE OF BURIAL Feb. 16 1926

20 UNDERTAKER Margaret L. Flynn

ADDRESS 1422 Light St.

Spec.—1-10-21 M&T 1500 Bks.

E07228

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E07228

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital (Street) B-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Schein

(a) RESIDENCE NO. 1505 Bank ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? 1 yrs. 11 mos. 15 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 22/24

7 AGE — Years: 1 — Months: 11 — Days: 22 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Jacob Schein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Hurwitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacob Schein

(Address) 1505 Bank St

15 Filed ..... 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Feb 14, 1926, that I last saw h.[illegible] alive on Feb 14, 1926, and that death occurred, on the date stated above, at 8:00 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

and

Tetany

(duration) — yrs. — mos 14 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Lab. + Clinical Tests

(Signed) Arthur S Cope M. D.

2/15, 1926 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew M[illegible] Carmel — DATE OF BURIAL: 2/15 1926

20 UNDERTAKER: S Levinson Bro — ADDRESS: [illegible] Balto

[illegible] HAMPSON JONES M[illegible]

B[illegible] 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07229

CERTIFICATE OF DEATH.

11-002 E07229

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 562 St Mary St ST. 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Anderson

(a) RESIDENCE NO. 562 St Mary ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, Widowed, or divorced HUSBAND (or) WIFE of: George John Anderson

6 DATE OF BIRTH (month, day, and year): Dec 12 1900

7 AGE: Years 25 — Months 2 — Days — If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Long

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Sarah Barron

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Sarah Long

(Address) 562 St Mary St

15 Filed ..... 19 ..... Registrar

R.F.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Jany 28 1926 to Feby 12th 1926.

that I last saw h[illegible] alive on Feby 12th 1926.

and that death occurred, on the date stated above, at 4 00 a. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Rohrman, M. D.

, 19 (Address) 656 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem DATE OF BURIAL 2/15 1926

20 UNDERTAKER: Samuel Hensley ADDRESS 578 N Eddy St

HEALTH DEPARTMENT--CITY OF BALTIMORE

E07230
1 PLACE OF DEATH

CERTIFICATE OF DEATH

100-001 E07230
REGISTERED No. C

CITY OF BALTIMORE (No. 1117 Sarah Ann St. 18-1 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louis Smith

(Residence in Baltimore: No. 1117 Sarah Ann St St.: 2 yrs. 4 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
M.	Col.	Single

6 DATE OF BIRTH Sept. (Month) 13 (Day), 1923 (Year)

7 AGE 2 yrs. 4 mos. 21 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): ———

9 BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Albert Smith.

11 BIRTHPLACE OF FATHER (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Marie Brown.

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marie Smith

(Address) 1117 Sarah ann St

15.

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb (Month) 13 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1926, to Feb 13 1926, that I saw him alive on February 11, 1926, and that death occurred on the date stated above, at 2 00 A.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) 0 yrs. 0 mos. 8 ds

Contributory (SECONDARY) Respiratory exhaustion

(Duration) 0 yrs. 0 mos. 1 ds.

(Signed) John C Stansbury M. D.

Feb 13, 1926 (Address) 1037 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ....., 191....

20 UNDERTAKER | ADDRESS

Commissioner Health

FEB 15 1926 C. HAMPSON JONES, M.D. DEAN OF THE SCHOOL OF MEDICINE UNIVERSITY OF MARYLAND FEB 15 1926

0130

Spec. 1-10-21 M&T 1500 Blks.

E07231

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E07231

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No.) Belleview Ave (ST.) 12-5 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Charles A. Ulbig

(a) RESIDENCE NO. 2000 Greenmount Ave (ST.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. — mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Honemann

6 DATE OF BIRTH (month, day, and year): January 16/1855

7 AGE — Years: 71 — Months: — — Days: 29 — If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gas Meter Works

(b) General nature of industry, business, or establishment in which employed (or employer): Manufacture Gas Meters

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Stanley Ulbig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rose Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Wm H. Kammerer

(Address) 515 N. Arlington Ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to Feb 14, 1926.

that I last saw him alive on Feb 14, 1926

and that death occurred, on the date stated above, at 2:35 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Acute Edema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? None

What test confirmed diagnosis? Clinical & Lab Test

(Signed) Chas R. Thomas, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Feb 17 1926

20 UNDERTAKER: C. Carson Kennard

ADDRESS: 738 W. Lafayette Ave

C. HAMPSON JONES, M. D.

P.M.

Spec.—1-10-21—M&T—1500 Bks.

E07232

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E07232

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Howell

(a) RESIDENCE NO. 808 E Pratt ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE 55	Years	Months	Days	If LESS than 1 day, hrs. or min.
55 Yrs.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Ruth Howell

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant (Address) Baltimore City Hospitals Records

15 Filed ..... 19 ..... Registrar

RKB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23 . 1925 . to Feb. 11 . 1926 , that I last saw him alive on Feb. 11 . 1926 , and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) 1 (thirty) mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Wallace, M. D.

2/17 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

C. HAMPSON JONES, M. D.

Commissioner Health

1926 Feb 13

For Wm. R. Woodall

Spec.—1-10-21—M&T—1500 Blks.

E07233

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-602 E07233

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 Harwood ave ST.) 12-4 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary S. O'Connor

(a) RESIDENCE No. 316 Harwood ave ST., ... WARD .....
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John B. O'Connor

6 DATE OF BIRTH (month, day, and year) Oct. 22-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. City Md.

PARENTS

10 NAME OF FATHER Joseph Brownley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hetty C. Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass.

14 Informant Alice C. O'Connor
(Address) 316 Harwood ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6th, 1926, to Feb 13th, 1926, that I last saw h[illegible] alive on Feb 13th, 1926, and that death occurred, on the date stated above, at 1230 PM.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Uremia Coma

(duration) ..... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George McCross, M. D.

, 19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem.	Feb. 16 1926

20 UNDERTAKER Wm C. Black ADDRESS 927 N. Broadway

C. HAMPSON JONES, M. D.

Spec. 1-10-21 M&T 1500 Blks.

E07234

HEALTH DEPARTMENT—CITY OF BALTIMORE

99 002 E07234

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 N. Chester ST. 8-4 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward C. Taylor

(a) RESIDENCE No. 1008 N. Chester ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Taylor

6 DATE OF BIRTH (month, day, and year) July 13-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	74	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer) O'Neill

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel J. Taylor

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah L. Thrasher

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mrs. H. E. Wolston
(Address) 2624 Eutaw Place

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 —, 1926, to Feb 13 —, 1926, that I last saw h[illegible] alive on Feb 13 — 1926, and that death occurred, on the date stated above, at 12-30 P. m.

The CAUSE OF DEATH* was as follows:

I. Influenza

(duration) 7 days

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Louis Voll M. D.

2-13 1926 (Address) 1006 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. DATE OF BURIAL Feb. 16 1926

20 UNDERTAKER Mrs Albert E. Fuller ADDRESS 4806 Harford ave

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07235

07235

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. ..... WARD)

2-FULL NAME Bernard Bernich

(a) RESIDENCE NO. 16 Midvale Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
33 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Waiter 010

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Carl Bernich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed ...., 19 ..... Registrar

FEB 15 1926 C. HAMPSON JONES, M. D. Registrar

RFH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1925, to Feb. 14, 1926.

that I last saw him alive on Feb. 14, 1926.

and that death occurred, on the date stated above, at 3:00 a. m.

The CAUSE OF DEATH* was as follows:

Hypertension
Chronic nephritis
(duration) 2 yrs. (History) mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

2/14/ 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feb 15 1926
20 UNDERTAKER	ADDRESS
Hughes & Jones Inc	414 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

(Birkhead)

HEALTH DEPARTMENT—CITY OF BALTIMORE

207236 207236

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-13 St.: Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Virginia Bucklew

(Residence in Baltimore: No. St.: 72 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs.....mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191....., that I saw h..... alive on .....191....., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Olivet Cem	Feb. 17 1916
20-UNDERTAKER	ADDRESS
D. H. Phelan	1947 E Baltimore

RPN

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07237 ✓ E07237

CERTIFICATE OF DEATH.

90

E07237

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 W. Lanvale ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Schade,

(a) RESIDENCE NO. 1712 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Sept. 17. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	73	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) York Co.
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Phillip Schade,

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Herman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Switzerland

14 Informant Miss Susanna Schade
(Address) 1712 W. Lanvale st

15 Filed ..., 19.... C. HUMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1924, to Feb. 14, 1926, that I last saw her alive on Feb 13, 1926, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) 0 yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) R. C. Ameigh, M. D.

2/14. 1926 (Address) 1903 W. Mosby av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL FEB 16 1926

20 UNDERTAKER Geo W Little — ADDRESS 2708 EDMONDSON AVE

Spec.—12-9-25—A Co.—200 Bks.

E07238

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E07238

CERTIFICATE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1421 McElderry St. 5-2 Ward)

2-FULL NAME Baby Wood

(a) RESIDENCE NO. 1421 McElderry St Ward

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. (If non-resident give city or town and State) How long in U. S., If of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 14, 26

7 AGE	Years	Months	Days	IF LESS than 1 day 10 hrs. or ? min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nil

(b) General nature of industry, business, or establishment in which employed (or employer) nil

(c) Name of employer nil

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William Wood

11 BIRTHPLACE OF FATHER (city or town) —

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Sylvia Cosby

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country) Virginia

14 Informant _____

(Address) _____

15 Filed _____ 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1926, to Feb 14, 1926, that I last saw h— alive on Feb 14, 1926, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Physical condition Weakness and premature birth

(duration) ___ yrs. 7 mos. ___ ds.

CONTRIBUTORY (Secondary) Physical condition of Weakness (duration) ___ yrs. 7 mos. ___ ds.

18 Where was disease contracted if not at place of death? Centenwoden

Did an operation precede death? nil Date of nil

Was there an autopsy? yes

What test confirmed diagnosis? Physical Exam.

(Signed) Fred P Dell, M. D.

, 19 (Address) 1426 E 3 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Spec. 1-10-21 M&T 1500 Blks.

E07239

HEALTH DEPARTMENT—CITY OF BALTIMORE

E07239

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Fenwick St. Ave WARD 9-2)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett L. Snyder

(a) RESIDENCE NO. 2702 Fenwick St., ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 28 - 1849

7 AGE: Years 76 | Months 7 | Days 16 | If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: George L. Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary Lusby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Alice Connolly

(Address) 2703 Fenwick ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1926 to Feb. 13, 1926.

that I last saw her alive on Feb 13, 1926.

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): La Grippe

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Edw. A. Zimmerman M. D.

2/15, 1926 (Address) 2800 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Feb 16 1926

20 UNDERTAKER: Henry Lutz

ADDRESS 1203 N. Broadway

Roth.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E07249

E07249

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 15-12 WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Henley

(a) RESIDENCE NO. 1821 N. Monroe Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Randolph R. Henley

6 DATE OF BIRTH (month, day, and year) July 4th 1852

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John Bingham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Dingee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Baltimore City Hospitals, (Address) Baltimore, Md.

15 Filed . . . . 19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from August 13, 1925 to February 13-1926

that I last saw her alive on Feb. 12, 1926

and that death occurred, on the date stated above, at 9.15 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis with Confused type.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Henry F. Doumit M. D.

. 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL LOUDON PARK CEM

DATE OF BURIAL FEB 16th 1926

20 UNDERTAKER ROBERT BROOKS & SON

ADDRESS COR CALHOUN HOLLINS

Spec.—1-10-21—M&T—1500 Bl. (Cookwood)

E 07241

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07241

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl. Hosp. ST. 21-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David F. Cookwood

(a) RESIDENCE NO. 217 Great Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mississippi

PARENTS

10 NAME OF FATHER W.W. Cookwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mississippi

12 MAIDEN NAME OF MOTHER Calbise Craig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mississippi

14 Informant David F Cookwood
(Address) 217 Great Ave Pimlico

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14 1926

17

I HEREBY CERTIFY, That I attended deceased from 2/1, 1926, to 2/14, 1926,

that I last saw him alive on 2/13, 1926,

and that death occurred, on the date stated above, at 2:15 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Empyema (Left)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) [illegible] M.D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shelter Hill Pimlico Md

DATE OF BURIAL Feby 17 1926

20 UNDERTAKER [illegible]

ADDRESS 1018 E Lanvale St

C. HAMPSON JONES, M.D.

Spec. (3-1921) MAT 1500 Blks.

E 07242 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07242

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. 94

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harold Sheehan.

(a) RESIDENCE NO. J. H. Hospital. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 21

(c) Name of employer J. H. Co.

9 BIRTHPLACE (city or town) ..... (State or country) Conn.

PARENTS

10 NAME OF FATHER Harold Sheehan

11 BIRTHPLACE OF FATHER (city or town) Ind. (State or country)

12 MAIDEN NAME OF MOTHER Mary Hogan

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13th, 1926, to Feb. 16th, 1926, that I last saw h alive on Feb. 15th, 1926, and that death occurred, on the date stated above, at 3.40 a. m.

The CAUSE OF DEATH* was as follows:

Acute lymphangitis; ulnar and radial funiculitis, right hand and forearm.

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Septicaemia.

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes. Date of Feb. 14,

Was there an autopsy? Yes.

What test confirmed diagnosis? Blood culture. Wound culture.

(Signed) Harold Jones M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington DC

DATE OF BURIAL 2/15 1926

20 UNDERTAKER Robert Burch & Son

ADDRESS Calhoun & Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 07243

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07243

CERTIFICATE OF DEATH.

73

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS St. 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Rutter

(a) RESIDENCE NO. 611 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Joseph Rutter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Christiana Gill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Baltimore City Hospitals Records

15 Filed , 19 Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1925 to Feb. 14, 1926, that I last saw him alive on Feb. 14, 1926 and that death occurred, on the date stated above, at 2:20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Anterior Poliomyelitis

(duration) yrs. 11 mos (History) ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Gill M. D.

2/15, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Com — DATE OF BURIAL: Feb 16 1926

20 UNDERTAKER: George J. Smith — ADDRESS: 153 Hollins

RPM

Spec.—1-10-21—M&T—1800 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07244

100 E 07244

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST. 18-1 WARD)

2-FULL NAME Elizabeth Riley

(a) RESIDENCE NO. 1040 West Fayette ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Riley

6 DATE OF BIRTH (month, day, and year) Aug 14 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	60	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Eckman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lidia Kraft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant William E. Riley (Address) 1040 W Fayette St

15 Filed ..... 19 ..... Registrar

RPHS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1926, to Feb 14, 1926, that I last saw her alive on Feb 14, 1926, and that death occurred, on the date stated above, at 4.10 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) ..... M. D.

. 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Feb 17 1926

20 UNDERTAKER George J Smith — ADDRESS 1537 Hollins

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07245 101-001 E 07245

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 Union Avenue ST. 45-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Burrier

(a) RESIDENCE NO. 11 Union Avenue, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Millard F Burrier

6 DATE OF BIRTH (month, day, and year) March 14 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Conrad Stumpf

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Martha Hose

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Frank McCandlish (Address) 1200 Druid Park Drive

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13" 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926 to Feb. 13, 1926, that I last saw her alive on Feb. 12, 1926, and that death occurred, on the date stated above, at 1.40 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) 0 yrs. 0 mos 7 ds.

CONTRIBUTORY (Secondary) Myo- & endocarditis (chronic) hypertension Chronic diffuse nephritis with (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Maurice S. Okamura M. D.

2/13/1926 (Address) 3300 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Feb 16 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W Balto St

Spec.—1-10-21—M&T—1500 Bks.

07246 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07246

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 W. Fourth Ave St., 13 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Elmer

(a) RESIDENCE NO. 818 W. Fourth Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Stewart Elmer

6 DATE OF BIRTH (month, day, and year) Dec 5th 1840

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
85	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Addison

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hampton

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Wm. S. Elmer (Address) 1521 Park Ave

15 Filed , 19 RRA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 10 , 1926 , to Feb. 14 , 1926 , that I last saw h[illegible] alive on Feb. 14 1926, and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis increasing old age (Bronchitis pneumonia)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Bronchitis pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) Frank R. Shute, M. D.

Feb 15. 1926 (Address) 977 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge Cemetery DATE OF BURIAL Feb 16th 1926

20 UNDERTAKER Latham & Poe ADDESS 1723 Eutaw Pl

Spec. 1-10-21—M&T—1500 Blks.

E 07247

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07247

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Emersonian Apts. (St.) 1362 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jake Levy

(a) RESIDENCE No. Emersonian Apts. ST. 6 WARD St. Louis, Mo.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Schoen Levy.

6 DATE OF BIRTH (month, day, and year): 1838

7 AGE: Years 87 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): France.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France

14 Informant (Address): Mrs. Wm. B. Schoen, Emersonian Apt.

15 Filed ..... 19 ..... Registrar. RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/15/1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1925, to Feb 15, 1926, that I last saw h.. alive on Feb 14, 1926, and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder & Prostate.

(duration) 1 yrs. — mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? cystoscopy

(Signed) W B Wolf M. D.

, 19 (Address) 113 W. Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balt. Hebrew Cem

DATE OF BURIAL: 2/17/1926

20 UNDERTAKER: Hard Sondheim

ADDRESS 11-20 N. Mt. Royal Ave

E 07243

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07242

CERTIFICATE OF DEATH.

REGISTERED No. C 57

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2063 Kennedy Ave. ST. 95 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Blume

(Residence in Baltimore: No. 2063 Kennedy Ave. St.; 51 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan 23rd (Month) (Day), 1875 (Year).

7-AGE, 55 yrs. mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): 09

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robert Blume

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Martha Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Blume

(Address) 3500 Winsor Mill Rd.

15-

Filed ....., 191.....

1928 C. HAMPSON JONES, M. D. Per

P R H Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13/26 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Melletis

(Duration) 3 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Bates M. D.
(Coroner.)

1/15/26, 191... (Address) 508 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem

DATE OF BURIAL, Feb ....., 19....

20-UNDERTAKER E. LEROY STIFFLER

ADDRESS 125 E. North Ave.

E 07249 HEALTH DEPARTMENT—CITY OF BALTIMORE 11-001 E 07249

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE (No. Union Memorial Hospital St. 5-1 WARD) REGISTERED No. C

2-FULL NAME Mrs. Rachel Salter

(Residence in Baltimore: No. 3710 Kate ave St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Mar (Month) 22 (Day) 1883 (Year)

7-AGE, 42 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Samuel Young

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Nellie McCullough

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) I. Rachael Salter

(Address) 3710 Kate Ave

15-

Filed....., 191.....

C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb. (Month) 13 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ....yrs.....mos.....ds.

(Signed) [illegible] M. D. (Coroner)

Feb 17, 1926. (Address) 3632 Roland ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Pine Grove	Feb 18, 1926
20-UNDERTAKER E. E. Boyd Sons	ADDRESS 1331 North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 07250 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 07250

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. 21-2 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Raymond Burton

(a) RESIDENCE No. 1141 Cleveland St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 17 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		6 7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Clarence Burton

11 BIRTHPLACE OF FATHER (city or town) Frostburg (State or country) Md

12 MAIDEN NAME OF MOTHER Ella J. Smith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Clarence Burton (Address) 1141 Cleveland St

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14, 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1926, to Feb 14, 1926, that I last saw him alive on Feb 14, 1926, and that death occurred, on the date stated above, at 2.40 p. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. 0 mos. 39 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tull, M. D.

Feb 16, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb 16 19 26

20 UNDERTAKER Bernard C. Fink — ADDRESS 1675 W Fulton

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07251

CERTIFICATE OF DEATH.

7 E 07251

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S Amm ST. 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eillen Augustine

(a) RESIDENCE NO. 24 S Amm ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 26 1925

7 AGE Years 1 Months Days 19 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bath (State or country)

PARENTS

10 NAME OF FATHER George J Augustine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Anne Blosel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant George J Augustine (Address) 24 S Amm

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 19 26, to Jan 15, 19 26.

that I last saw her alive on Jan 14, 19 26,

and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Lewis, M. D.

2/15, 19 26 (Address) 413 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Feb 16 1926

20 UNDERTAKER Wendell D Nelson ADDRESS 37 S Amm

C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07252

100 E 07252

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1822 Whitmore ST., 15-4 WARD)

2-FULL NAME John H Pugsley

(a) RESIDENCE NO. 1822 Whitmore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~: Eliza J. Pugsley

6 DATE OF BIRTH (month, day, and year): July 10, 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: John H Pugsley

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant (Address): Eliza J Pugsley 1822 Whitmore St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 15 1926 19

17 I HEREBY CERTIFY, That I attended deceased from February 14 '26 to February 15 '26 19 ..., that I last saw h[illegible] alive on February 15 '26 19 ..., and that death occurred, on the date stated above at 4-15 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

Infirmities of age (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What was confirmed diagnosis? Clinical

(Signed) Chas A. Meyer M. D.

2/15 19 26 (Address) 1031 N Caroline

15 *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Baltimore

DATE OF BURIAL FEB 18 1926 19

20 UNDERTAKER Geo W Little

ADDRESS 2000 EDMONDSON AVE.

FEB 18 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07253 E 07253

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Asplehy Ave. ST. near Falls Road Mt. Washington WARD) 23-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie E. Ward

(a) RESIDENCE NO. Asplehy Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Wm. C Ward

6 DATE OF BIRTH (month, day, and year) 11. 27. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Chas Pearce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Waleid

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) W. C. Ward Mt. Washington Md

15 Filed , 19 CRB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23 , 1926 , to Feb. 14 , 1926 , that I last saw h-e alive on Feb 14 , 1926 , and that death occurred, on the date stated above, at 11.45A m.

The CAUSE OF DEATH* was as follows: Laryngeal Tuberculosis Exhaustion.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ulcer Exhaustion

(Signed) C. H. Keelen, M. D.

2/15, 1926 (Address) Mt Washington Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden DATE OF BURIAL 2/17/26 19

20 UNDERTAKER J Walter Davis ADDRESS 317 Paine St

C. CHAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07254

07254

CERTIFICATE OF DEATH.

62

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 Forrest Ave Parkville ST. 57-11 WARD)

2-FULL NAME George Klein

(a) RESIDENCE NO. 116 Forrest Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 23. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER George Klein

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Helen Somers

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Edward A Geppie
(Address) 13 So Calvert St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19 26, to Feb. 14, 19 26.

that I last saw him alive on Feb 10, 19 26

and that death occurred, on the date stated above, at 1:20 A. m.

The CAUSE OF DEATH* was as follows:

Status Lymphaticus

(duration) ..... yrs. one mos. ..... ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Gustav T. Wolbrueck, M. D.

Feb 14 19 26 (Address) 1120 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Homelen DATE OF BURIAL Feb 16 1926

20 UNDERTAKER W. H. Cook ADDRESS 502 E North Ave

C. HAMPSON JONES, M. D.

Spec.—1-10-21—MAT—1500 Blks.

9-15-2425

Dr Titlow
315 S. Highland

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07255

CERTIFICATE OF DEATH.

31 E 07255

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1108 South Decker ST. 1-4 WARD)

2-FULL NAME George Lightman

(a) RESIDENCE NO. 1108 South Decker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Helen M. Lightman

6 DATE OF BIRTH (month, day, and year) Jan 31-1892

7 AGE Years 34 Months Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 03

(b) General nature of industry, business, or establishment in which employed (or employer) Department

(c) Name of employer Baltimor City

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Lightman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hanna Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Helen M. Lightman

(Address) 1108 South Decker Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13-1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Feb 13, 1926

that I last saw him alive on Feb 12, 1926

and that death occurred, on the date stated above, at 3.50 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation & Test

(Signed) Horace B Titlow M. D.

2/14, 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL 2/16th 1926

20 UNDERTAKER William Cook

ADDRESS 502 E. North

G. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

07256

HEALTH DEPARTMENT—CITY OF BALTIMORE

4-002

14 L 07256

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto. General Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Rayner Ave & Bickland ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Willa Williams

(a) RESIDENCE NO. 517 Brice St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: N-

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Noah J. Williams

6 DATE OF BIRTH (month, day, and year): June 18, 1907

7 AGE: Years 18 Months 7 Days 27 If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: John Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Margaret Douglas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Ruth Talmore 517 Brice St

15 Filed ..., 19... RRA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4. 1926, to Feb 15. 1926, that I last saw her alive on Feb 15. 1926, and that death occurred, on the date stated above, at 10:20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) — yrs. — mos 14 ds.

CONTRIBUTORY (Secondary): Auto cardiac dilatation

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical findings

(Signed) R. Farber, M. D.

. 19 (Address) West Balto Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Feb. 11 1926

20 UNDERTAKER: Wm. Cook

ADDRESS: 502 E North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07257

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07257

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No.) 926 Shields Place (St.) 17-W (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sherman Bond

(a) Residence No. 926 Shields Place (St.) ..... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bond

6-DATE OF BIRTH (month, day and year) [illegible] 9 1876

7-AGE, 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Waiter 010

(b) General nature of industry, business, or establishment in which employed (or employer) Serving Meals

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Gorsuch Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-

(Informant) Mary Bond

(Address) 926 Shields Place

15-

Filed ..... 192 .....

Registrar.

5 1926 Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 13-26

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1925 to Feb 13 1926

that I last saw h[illegible] alive on Feb 12 1926,

and that death occurred, on the date stated above, at 3:15 p. m.

The CAUSE OF DEATH* was as follows:

Gangrene

(Duration) — 4 mos. — ds.

CONTRIBUTORY (Secondary) Aortic regurgitation

(Duration) — 4 mos. — ds.

18-Where was disease contracted if not at place of death? 926 Shields Place

Did an operation precede death? No Date of No

Was there an autopsy? [illegible]

What test confirmed diagnosis? Abnormal Cells

(Signed) John C. Stewart M. D.

2-15 1926 (Address) 1704 N. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Harlem Temple Va DATE OF BURIAL, 2/16 1926

20-UNDERTAKER Lane & Shewbley ADDRESS 578 N Bond

Spec. -1-10-21 M&T 1500 Blks.

E 07253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. E 07253

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilton Brown

(a) RESIDENCE NO. Eutaw Place ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE: Years 70 | Months | Days | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. - Co.

9 BIRTHPLACE (city or town) (State or country) Md Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

R.R.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 13 26, 1926, to Feb 14 26, 1926.

that I last saw h. alive on Feb. 14 26, 1926,

and that death occurred, on the date stated above, at 11 50 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) no yrs. 5 mos 14 ds.

CONTRIBUTORY (Secondary) unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Wilmington, Del.

Did an operation precede death? yes Date of 2-14-26

Was there an autopsy? yes

What test confirmed diagnosis? yes

(Signed) H. D. Horgan M. D.

, 19 (Address) J. H. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lutby Hill Cem

DATE OF BURIAL: 5/17 1926

20 UNDERTAKER: Samuel Hinsley

ADDRESS 578 N Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07259 129 E 07259

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2504 Mace ST. 17-7 WARD)

2-FULL NAME Rachel Trussell

(a) RESIDENCE NO. 2504 Mace ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1847

7 AGE: Years 79 Months Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER Wm Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Maria Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Adar Trussell Gordon
(Address) 31 Armory St Englewood Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1926, to Feb 13, 1926, that I last saw h[illegible] alive on Feb 13, 1926, and that death occurred, on the date stated above, at 3.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and old age

(duration) yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) old age

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? confinement

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Jno L Hall, M. D.

, 19 (Address) 426 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 2/16 1926

20 UNDERTAKER: Louis J. Nemsky — ADDRESS 578 N Eden St

FEB 16 1926 C. HAMPSON JONES, M. D. Registrar

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07260

CERTIFICATE OF DEATH.

1851 07260

1-PLACE OF DEATH Mun 1 Hos P 14-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) ..... ST. 14-1 WARD)

2-FULL NAME Richard H. Harvey

(a) RESIDENCE NO. 2224 ..... ST., Druid Hill Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Harvey

DATE OF BIRTH (month, day, and year) Mar 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	11		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter 010
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Isaac Hamburg & Sons

BIRTHPLACE (city or town) Talbot Co.
(State or country) Md

10 NAME OF FATHER Charles Harvey

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Jenkins

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

Informant Minnie Harvey
(Address) 2224 Druid Hill Ave

Filed ..... , 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc. Fall (874)
Fracture of Skull

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. G. Weber, M. D.
(Coroner.)

(Address) 1 W. Mt. Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hope Cem. Co

DATE OF BURIAL 2/16 1926

20 UNDERTAKER David H. Hunsley

(ADDRESS) 578 N Bradford

Spec.—1-10-21—M&T—1500 Bks.

E 07261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104-001 E 07261

1-PLACE OF DEATH Bateman Apts

CITY OF BALTIMORE: (No. Bateman + Eleanor St.) 15-5 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Dixon Peake

(a) RESIDENCE No. Bateman & Eleanor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Florence Peake

6 DATE OF BIRTH (month, day, and year) Oct. 13, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. Dy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Purity Creamery Co

9 BIRTHPLACE (city or town) St Mary's Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Louis Peake

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Raley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Johnson D. Peake (Address) 4407 N. Charles St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926, to Feb 15, 1926, that I last saw h[illegible] alive on Feb 14, 1926, and that death occurred, on the date stated above, at 2.55 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Palmer Howard, M. D.

(Address) 34 W. Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Feb. 17 1926

20 UNDERTAKER Wm Fickner Sons ADDRESS Norden Pa

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07262

CERTIFICATE OF DEATH.

74-001 E 07262

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3814 Gwynn Oak Ave. St.; 25-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard H. Kriete

(a) RESIDENCE NO. 3814 Gwynn Oak Ave. St.; WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nora Hughes Kriete

6 DATE OF BIRTH (month, day, and year): Jan 31st 1868

7 AGE: Years 58; Months —; Days 13 14; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Swift & Co.,

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Edwin J. Durand

(Address): Hagerstown, Md

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1926, to Feb 14, 1926, that I last saw him alive on Feb 14, 19..., and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) C. C. Lemmon, M. D.

(Address) 4208 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: 2/17 1926

20 UNDERTAKER: Wm J. Richardson & Sons

ADDRESS: Penna Ave South

Spec.—1-10-21—M&T—1500 Bks.

E 07263

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07263.

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (NO. Rayne and Dukeland ST. 16-1 WARD)

2-FULL NAME Frank Forsythe

(a) RESIDENCE NO. 622 N. Arlington Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 18 1842

7 AGE 84 Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James Forsythe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Theresa Bryden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John R. Forsythe
(Address) Jones Falls Balto Md

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/13, 19 26, to 2/13, 19 26, that I last saw h[illegible] alive on 2/13, 19 26, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Auto cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) L. Manning, M. D.

19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL 2-16-26

20 UNDERTAKER Wm. J. Pickuer Sons — ADDRESS Mount Ave

FEB 16 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07264 — CERTIFICATE OF DEATH. — 100-006 — E 07264

1-PLACE OF DEATH Bowles Lying in Hospital

CITY OF BALTIMORE: (No. 70-4 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amos Armacost

(a) RESIDENCE NO. 1660 Fowler Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Armacost

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Armacost

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alpine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Harry Armacost

(Address) 233 E. 25th St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13/26 19

17 I HEREBY CERTIFY, That I attended deceased from 2/1, 19 26, to 2/13, 19 26, that I last saw h[illegible] alive on 2/13, 19 26, and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH was as follows: Hypertrophied Prostate

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Bronchopneumonia

Did an operation precede death? Yes, Date of 2/[illegible]

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible], M. D.

2/14, 19 26 (Address) Bowles Lying in Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hampstead Md — DATE OF BURIAL Feb. 16 19 26

20 UNDERTAKER Wm Fickner Sons — ADDRESS North Pa

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07265

CERTIFICATE OF DEATH.

31 E 07265

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S. Bouldin ST., 26-5 WARD)

2-FULL NAME Edwin J. Martini

(a) RESIDENCE NO. 232 S. Bouldin ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 11th 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mariner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer do

9 BIRTHPLACE (city or town) Balto. Md. (State or country)

PARENTS

10 NAME OF FATHER Andrew E. Martini

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Margaret Dimbeard

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

14 Informant Andrew E. Martini (Father)

(Address) 232 S. Bouldin St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 5 , 1926, to Feb. 14 , 1926, that I last saw h alive on Feb 14 , 1926, and that death occurred, on the date stated above, at 4 15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

about

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. A. Kotsonaki, M. D.

, 19 (Address) 421 S. Ellwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Feb 18th 1926

20 UNDERTAKER Lilly & Feiler — ADDRESS 408 S. Broadway

FE 1025 P.

Spec.—1-10-21—M&T—1500 Blks.

E 07266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓ E 07266

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N. Castle ST., 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Hille

(a) RESIDENCE NO. 207 N. Castle ST., 6 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hille

6 DATE OF BIRTH (month, day, and year) Oct. 23rd 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oven Builder

(b) General nature of industry, business, or establishment in which employed (or employer) 016

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Jacob Hille.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Hille

(Address) 207 N. Castle st

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5th, 1926, to Feb 12, 1926, that I last saw him alive on Feb 12, 1926, and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Cardeac Dilatation

(duration) yrs. mos 2 wks ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis, Bronchitis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Allen B Lemmon, M. D.

2/17 1926 (Address) 1931 Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Feb 16 1926
20 UNDERTAKER	ADDRESS
Lilly-Grieco	403 S. Wolfe st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07267

CERTIFICATE OF DEATH.

44 E 07267

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 314 S. Ann St., 2nd Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME William T. Hamilton.

(a) RESIDENCE NO. 314 S. Ann St. 2 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 29 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Hamilton

6 DATE OF BIRTH (month, day, and year): Jan. 15th 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Formally Janitor

(b) General nature of industry, business, or establishment in which employed (or employer): at Evergreen Blvd

(c) Name of employer: Hospital.

9 BIRTHPLACE (city or town)

(State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Joel D. Hamilton

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Barbara Rittle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Kentucky

14 Informant: Mary E. Hamilton

(Address): 314 S. Ann St.

15 Filed....., 19.....

Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1926, to Feb 13, 1926, that I last saw h.. alive on Feb. 13, 1926, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Cancer (a) Stomach

(duration) yrs. 16 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory test.

(Signed) Geo. Heiss, M. D.

2/16, 19 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: Feb. 15th 1926

20 UNDERTAKER: Lilly & Geiler — ADDRESS: 408 S. Wolfe St

Cor.—1-12-26—M&T—100 Blks.

E 7268

E 07268

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7268 ✓

159-09

E 07268

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Cherry St. Curtis Bay. ST. 15-11 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia V. Newman.

(a) RESIDENCE NO. 6 Cherry St. Curtis Bay. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred --- yrs. 1 mos. 28 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 23, 1925.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	---	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Michael Newman.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna Olszewska.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Michael Newman. (father)
(Address) 6 Cherry St. Curtis Bay.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency.
congenital.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Lenhardt, M. D.
(Coroner.)

Feb. 15, 1926 (Address) 1017 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross. AA. CO — DATE OF BURIAL 2/16 1926

20 UNDERTAKER J. J. Lahey Sons — ADDRESS 1318 Eight St

C. HAMPSON JONES, M.D.
2-1926

Cor.—12-9-25—A Co.—200 Bks.

E 7269. E 7269. ✓ E 7269.

E 07269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154002

E 07269

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter C. Tzinski

(a) RESIDENCE NO. 1727 Fleet St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): June 14/24

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	8	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Walter Tzinski

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER -- Skalinski

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md

14 Informant Walter Izinski

(Address) 1727 Fleet St

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Feb 14/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Heart- Pulmonary Stenosis

(Autopsy at Hopkins)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. W. Bruce, M. D.

(Coroner)

2/16/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus — Date of Burial: Feb 16 1926

20 UNDERTAKER: F. M. Cazazewski — ADDRESS: 1930 Baltimore

C. HAMPSON JONES, M. D.

P. K.

Spec.—1-10-21—M&T—1500 Blks.

E 7270

E·7270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 F 07270

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 E. Fort St. 24-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward A. Hartman

(a) RESIDENCE NO. 1120 E Fort ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 20-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
		8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — ditto

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm. R Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Katherine M. Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Hartman
(Address) 1120 E. Fort ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6 , 1926 , to Feb. 17 , 1926 ,
that I last saw him alive on Feb. 13 , 1926
and that death occurred, on the date stated above, at 1120 A. m.
The CAUSE OF DEATH* was as follows:

Influenza

(duration) ... yrs. 7 mos 17 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ... yrs. ... mos. 17 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) E. E. Hurst M. D.

2-11-1926 (Address) 810 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 2/16 1926

20 UNDERTAKER L. Fenw. McCully

ADDRESS 130 E. Fort

CLARENCE HARRISON JONES, M. D.

Spec. 4-1921 M&T 1500 Bks.

1884 41

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07271

CERTIFICATE OF DEATH.

+ 49

E 07271

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. 1-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank P. Austin

(a) RESIDENCE NO. 60 Oak St. Asheville N. C. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Melissa Austin

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particuiar kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) N. J.
(State or country)

PARENTS

10 NAME OF FATHER Chester Austin

11 BIRTHPLACE OF FATHER (city or town) N. J.
(State or country)

12 MAIDEN NAME OF MOTHER Emma Austin

13 BIRTHPLACE OF MOTHER (city or town) N. J.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23rd, 1926, to Feb. 13th, 1926, that I last saw h.... alive on Feb. 13th 1926, and that death occurred, on the date stated above, at 4 30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate and seminal vesicles.

(duration) 1+ yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Paul G. Culley, M. D.

1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cleveland Ohio

DATE OF BURIAL 2/16 1926

20 UNDERTAKER Chas. F. Evans & Son

ADDRESS 118 W. Mt. Royal Ave

JOHNS HOPKINS HOSPITAL

Spec.—1-10-21—M&T—1500 Blks.

Mank

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7277 Ped—

18897 E7272

CERTIFICATE OF DEATH.

101-001 E7277

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO. 2272

CITY OF BALTIMORE: (No. ..... ST., 7-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Mantz

(a) RESIDENCE NO. 963 N. Chester St ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 21-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	14 2	2	

8 OCCUPATION OF DEECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER August Mantz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eva Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Friends
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1926, to Feb 13, 1926, that I last saw her alive on Feb 13, 1926, and that death occurred, on the date stated above, at 6 20 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) W Jacobson, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery. DATE OF BURIAL Feb 16 1926

20 UNDERTAKER Robt T Turner & Sons ADDRESS 1742 N Broadway

Filed ....., 19 .....
Registrar

RK

JOHNS HOPKINS HOSPITAL

FEB 1926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

7273
7273

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07273

CERTIFICATE OF DEATH.

74-002 E 07272

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1817 N. Montford Ave. (Ward) 8-12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lou Emma Grau.

(a) RESIDENCE NO. 1817 N. Montford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced,~~ (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William G. P. Grau.

6 DATE OF BIRTH (month, day, and year): Mar. 10-1872

7 AGE — Years: 53 — Months: 11 — Days: 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife. 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Florence, Indiana.

PARENTS

10 NAME OF FATHER: Thomas Baldwin.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Vevay, Indiana.

12 MAIDEN NAME OF MOTHER: Elza Smith.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): William G. P. Grau. 1817 N. Montford Ave.

15 Filed ....., 19 ..... Registrar: R K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): FEB 12 1926

17 I HEREBY CERTIFY, That I attended deceased from FEB 7 1926, 19..., to FEB 12 1926, 19...

that I last saw her alive on FEB 12 1926, 19...

and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism
probably Septic

(duration) X yrs. X mos. 1 ds.

CONTRIBUTORY (Secondary): Septic Arthritis and Influenza (duration) X yrs. X mos. 6 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of X

Was there an autopsy? None

What test confirmed diagnosis? None

(Signed) J. H. Bulker, M. D.

2/13 1926 (Address) 928 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery. — DATE OF BURIAL: Feb. 16 1926

20 UNDERTAKER: Robt. T. Turner Inc. — ADDRESS: 1442 N. Broadway

E 07274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 7274

E 07274 REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 916 N. Eutaw St. 11-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes R. Smith

(Residence in Baltimore: No. 916 N. Eutaw St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: C

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: January about, 1846 (Month) (Day) (Year)

7-AGE: about 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Taylor

(Address) 916 N. Eutaw St.

15-

Filed....., 191.....

Registrar.

RK

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 14, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Tennessay (Coroner.) M. D.

Feb 15, 1926 (Address) 2502 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Feb. 16, 1926

20-UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1735 Eastland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07275

CERTIFICATE OF DEATH.

90 E 07275

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 S. Dallas ST. 3-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Blackwell

(a) RESIDENCE NO. 33 S. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Red

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harid Blackwell

6 DATE OF BIRTH (month, day, and year): Unknown 1885

7 AGE: Years 41; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Harid Blackwell 33 S. Dallas St

15 Filed , 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-2-, 1925, to 2-13-, 1926, that I last saw h[illegible] alive on 2-11-, 1926 and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Unknown.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? -

(Signed) Dr H Cargis M. D.

2-15-1926 (Address) 611 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery — DATE OF BURIAL: Feb. 16 1926

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Asland Ave

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07276

CERTIFICATE OF DEATH.

90 E 07276

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 McDonough ST., 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Arnold

(a) RESIDENCE NO. 933 McDonough ST., 7 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mose Arnold

6 DATE OF BIRTH (month, day, and year): Aug 1867

7 AGE: Years 52 Months 6 Days 7 — If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Pocomoke, Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Bertha Durham (Address) 803 McDonough St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13 20 19

17

I HEREBY CERTIFY, That I attended deceased from Jan 2, 19 20 to Jan 13 19 20,

that I last saw h[illegible] alive on Jan 13 19 20,

and that death occurred, on the date stated above, at 2.15 m.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Jan 13, 19 20 (Address) 1731 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Antony Cemetery — DATE OF BURIAL: Jan 17 19 20

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07277 11-001577 E 07277

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 702 W. Franklin (St.) 17-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Sample

(a) RESIDENCE NO. 702 W. Franklin WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lyde Sample.

6 DATE OF BIRTH (month, day, and year): August 28 1861

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
64 65	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Work

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Fannie Wester

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Lyde Sample (Address) 702 W. Franklin St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1926, to Feb 13, 1926, that I last saw h[er] alive on Feb 13, 1926 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCard M. D.

2/15, 1926 (Address) 2005 Division Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion — DATE OF BURIAL: Feb. 16 1926

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

Ikel.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07278

CERTIFICATE OF DEATH.

101 Feb 26

E 07278

1-PLACE OF DEATH St Joseph's Dorp

CITY OF BALTIMORE: (No. Baltimore, W 16-7 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emil William Ikel

(a) RESIDENCE NO. 626 East Ave, Hudson Heights ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 23, 1919

7 AGE — Years: 6 Months: 11 Days: 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER George A. Ikel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Elley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Geo A. Ikel

(Address) 626 East Ave.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1926, to Feb. 14, 1926.

that I last saw him alive on Feb. 14, 1926.

and that death occurred, on the date stated above, at 2:50 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Clinical & Lab Test

(Signed) Clement B. McNeal M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: 2-18 1926

20 UNDERTAKER: John A Inman — ADDRESS: 3000 E B.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

7279. 90 E 07279

E 07279

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 6-W WARD)

2-FULL NAME George Wentz

(a) RESIDENCE No. 17 N. Duncan ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brass Polisher

(b) General nature of industry, business, or establishment in which employed (or employer) 010

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Sebastian Wentz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Ruppersberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1924, to Feb. 12, 1926.

that I last saw him alive on Feb. 12, 1926,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 2 hrs

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller, M. D.

2/15 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity — DATE OF BURIAL 2-17-1926

20 UNDERTAKER John R. Moran — ADDRESS 3000 E. B.

Spec.—1-10-21—M&T—1500 Bks.

E 07280

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07280

CERTIFICATE OF DEATH.

57 E 07280

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. W 3 Woodyear ST., 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie M Hicks

(a) RESIDENCE NO. W 3 Woodyear ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1877

7 AGE 49 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) md
(State or country)

PARENTS

10 NAME OF FATHER A Hicks

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Lubendorf

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

14 Informant Sybil Chase
(Address) 1603 Woodyear St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1924, to Feb 13, 1926, that I last saw h alive on Feb 12, 1926, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 2 yrs. 2 mos 2 ds.

CONTRIBUTORY (Secondary) Ac Bronchitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

2/17, 1926 (Signed) Thomas A Evans, M. D.

(Address) 1707 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. Auburn — DATE OF BURIAL 2-16 1926

20 UNDERTAKER John H. Soadin — ADDRESS 1627 W Fred St

C. HAMPSON JONES, M. D.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07281

CERTIFICATE OF DEATH.

31 E 07281

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 602 N. Lee St. 27-1 (WARD)

2-FULL NAME Jezebel Stewart

(a) RESIDENCE. No. 602 N. Lee ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown 1900

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 36 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C

PARENTS

10 NAME OF FATHER: James Bright

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Mary Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N

14 Informant: Roy Stewart

(Address): 602 N Lee

15 Filed ....., 19..... Registrar

JAN 6 1926 HAMPSON JONES, M.D.

R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1926, to Feb 14, 1926, that I last saw h[illegible] alive on Feb. 13, 1926, and that death occurred, on the date stated above, at 8.05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination of sputum

(Signed) William A. Harris, M. D.

2/15, 1926 (Address) 1200 Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elizabeth N. C. DATE OF BURIAL: Feb 16 1926

20 UNDERTAKER: Sam'l M. Case & Son ADDRESS: 1450 Madison

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07282

CERTIFICATE OF DEATH.

100-03282

E 07282

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Laurens St. 15-12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Kaufman

(Residence in Baltimore: No. 1806 W. Laurens St. St.; 29 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) married

6-DATE OF BIRTH, unknown (Month) ..... (Day), 1870 (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): 045

9-BIRTHPLACE, (State or Country). King Queen Co. Va

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jamie Kaufman

(Address) 1806 Laurens St.

15-

Filed....., 191.....

C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 14, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 8 1926, to Feb 14 1926, that I saw h[illegible] alive on Feb 10 1926, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) C. E. Davenport M. D.

Feb 15, 1926 (Address) 2 W. Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 17 1926

20-UNDERTAKER Sam'l H. Chase & Son — ADDRESS 1400 Madison

Cor.—1-12-26—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07283 (7283)

CERTIFICATE OF DEATH.

159-00 7283. E 07283

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 147 W. Henrietta St ST. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Spriggs. C.

(a) RESIDENCE NO. 147 W. Henrietta St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) December 28, 1925.

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	1	16	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Joseph Spriggs. C.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lottie Pinkney. C.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

Informant Lottie Spriggs. (C) mother.
(Address) 147 W. Henrietta St.

Filed , 192

RAL Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 13, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
congenital

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt, M. D.
(Coroner.)

Feb. 13, 1926 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Ct	Feb 16 - 192
20 UNDERTAKER	ADDRESS
J. H. Brown & Son	1600 Mount St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07284

101-007284

CERTIFICATE OF DEATH.

E 07284
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 Sarah Ann St. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Le Doyd Jones

(a) RESIDENCE No. 1034 Sarah Ann St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Christine Jones

6 DATE OF BIRTH (month, day, and year) 2-1895

7 AGE: Years 30 | Months - | Days - | If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of Industry, business, or establishment in which employed (or employer) Building

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Raleigh N C

PARENTS

10 NAME OF FATHER Lemon Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wake Co N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ed Jones
(Address) 1034 Sarah Ann

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 11, 1926, to Feby 13, 1926

that I last saw him alive on Feby 12, 1926

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

a Lobar Pneumonia (duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. A. Hamlett, M. D.

2/13, 1926 (Address) 119 N Carroll Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Raleigh N. C. — DATE OF BURIAL 2/16 1926

20 UNDERTAKER: Samuel Easton — ADDRESS 916 Pa Ave E

FEB 16 1926 C. HAMPTON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07285

CERTIFICATE OF DEATH.

31 E 07285

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 W Fort Ave ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Clark

(a) RESIDENCE NO. 1131 W Fort Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Clark

6 DATE OF BIRTH (month, day, and year): 1877 - Aug 1.

7 AGE: Years 28 | Months 9 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Joshua Sisco

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

14 Informant: Margaret Lee (Cousin)
(Address) 206 N Arlington Ave

15 Filed ..., 19 ... K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1924

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1924, to Feb 14, 1924, that I last saw h[illegible] alive on Feb 12, 1924 and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary TB

from personal knowledge

(duration) — yrs. 3 mos — ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Physical Exam

(Signed) Wales F Jackson, M. D.

, 19 (Address) 16 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Feb 16 1924

20 UNDERTAKER: Dame Earley — ADDRESS 916 Pine

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07286

CERTIFICATE OF DEATH.

31 E 07286

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city hospitals (N.B.) ST., (No 7) WARD)

2-FULL NAME Agnes Smith

(a) RESIDENCE No. 1211 W. Lanvale st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
21	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress 041

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Nicholas Smith

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jamie Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14

Informant Hospital Records

(Address)

15

Filed ....., 19 .... Registrar RC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12, 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1925, to Feb. 12, 1926,

that I last saw her alive on Feb. 12, 1926,

and that death occurred, on the date stated above, at 8.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous hip

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Findings

What test confirmed diagnosis?

(Signed) W. McKane M. D.

2-12-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Feb 16 1926

20 UNDERTAKER David Easter ADDRESS 916 Orne

Spec.—1909 M&T 1500 Blks.

1881 49

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07287 H7

CERTIFICATE OF DEATH.

X 49 E 07287

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ..... ST., 7-1 WARD)

2-FULL NAME Leon Siedenberg

(a) RESIDENCE NO. Bishop Ville W. Va. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 1 1911

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
14	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER Michael Siedenberg

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Minnie Levinson

13 BIRTHPLACE OF MOTHER (city or town) N. Y. (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

PK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1926, to Feb 16th, 1926, that I last saw h[illegible] alive on Feb 16th, 1926, and that death occurred, on the date stated above, at 9 40 A. m.

The CAUSE OF DEATH* was as follows:

Sarcoma with metastasis to spine

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Septicemia - streptococcus hemolyticus. Acute endocarditis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Micro. Exam.

(Signed) E. Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Va	2/16 1926
20 UNDERTAKER Jack Lewis	ADDRESS 1409 E. Baltimore

JOHNS HOPKINS HOSPITAL
E. HAMPDEN JONES, M.D.
SUPERINTENDENT
FEB 17 1926

Spec.—1-12-23—M&T—500 Blks.

E 07288

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07288

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Lesley St. 15-13 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Carter Cooper

(a) RESIDENCE NO. 1533 Lesley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Cooper Carter

6b DATE OF BIRTH (month, day, and year) Oct. 12, 1888

7 AGE: Years 37 | Months 4 | Days 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer): at Home,

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hanford Co Md.

PARENTS

10 NAME OF FATHER George Banks.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Sophia Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Cooper Carter. (Address) 1533 Lesley St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/22, 1926, to 2/14, 1926, that I last saw h[illegible] alive on 2/14, 1926, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Ac. Carcinoma of Lung

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature], M. D.

2/15, 1926 (Address) 2[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — DATE OF BURIAL: 2/17 1926

20 UNDERTAKER: [illegible] Jas H. Dennis Asst. T. E. Kelson — ADDRESS: 1303 Pennsylvania Ave

Spec.—1-19-27 M&T 1500 Blks.

E 07289

HEALTH DEPARTMENT—CITY OF BALTIMORE

32 E 07289

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 15-13 WARD)

2-FULL NAME Ethel Jackson

(a) RESIDENCE NO. 182 Eldonia ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	1	20 8	8 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Edward Jackson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Johns.

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 12th, 1926, to Feb 14 th, 1926, that I last saw h[er] alive on Feb 14 th, 1926, and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thos W Comrad, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemtery

DATE OF BURIAL 2/18 1926

20 UNDERTAKER Mrs Geo. N. Dennis or Thomas E. Nelson

ADDRESS 1303 Pennsylvania

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 07290

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07290

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Whitlock St., 13-5 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Brown

(a) RESIDENCE. No. 1502 Whitlock St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fe

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Brown

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE: Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Banking

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Wilkerson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Da Dennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Annie Gordon 1502 Whitlock

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 14. 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1926, to Oct 14, 1926, that I last saw h[illegible] alive on Oct 14, 1926 and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Polar Pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physically Ex.

(Signed) R. Garland Chappell M. D.

Oct 15 1926 (Address) 1534 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Walkerton Co. Va. DATE OF BURIAL: Feb 17 1926

20 UNDERTAKER: R. G. Gross ADDRESS: 1405 McElderry St

Cor.—12-9-25—A Co.—200 Bks.

E 07291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07291

CERTIFICATE OF DEATH.

129

27-13

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 8 Wolf Ave (Gardenvi 1st., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Fritsche

(a) RESIDENCE NO. 8 Wolf Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Fritsche

6 DATE OF BIRTH (month, day, and year) Dec 2/1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of indnstry, business, or establishment in which employed (or employer) 014

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country)

14 Informant Mr Diller

(Address) 8 Wolf Ave

15 Filed_____ 19_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Nephritis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Generalized Arterio-sclerosis (duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Bates M. D.

(Coroner)

2/15/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Feb 18 '26

20 UNDERTAKER Haney Brooks & Sons ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07292 90 **E 07292**

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3818 Roland Ave ST. 134 WARD)

2-FULL NAME William T. Robinson

(a) RESIDENCE NO. 3818 Roland Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia B. Robinson

6 DATE OF BIRTH (month, day, and year) May 22. 1835

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	90	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Gainsboro
(State or country) Frederick Co. Va.

PARENTS

10 NAME OF FATHER Andrew Robinson

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Frederick Co. Va

12 MAIDEN NAME OF MOTHER Margaret Steer

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Frederick Co. Va.

14 Informant Austin T. Robinson
(Address) 2815 Roland Ave

15 Filed ....., 19 ..... R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1926, to Feb. 15, 1926, that I last saw him alive on Feb. 15, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 10+ yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms.

(Signed) C. T. Robinson M. D.

2/16 1926 (Address) 836 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hopewell Chapel near Timberville, Va. DATE OF BURIAL Feb. 17 1926

20 UNDERTAKER Chas. E. Franck ADDRESS 802 Madison Ave

Spec.—1-10-21—M&T—1500 Blks.

E 07293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9

E 07293

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Park Ave ST. 13-6 WARD)

2-FULL NAME Joseph Smith

(a) RESIDENCE NO. 2206 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
		7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) Balti (State or country) Md

12 MAIDEN NAME OF MOTHER Mabel Hall

13 BIRTHPLACE OF MOTHER (city or town) Balti (State or country) Md

14 Informant Joseph Smith (Address) 2206 Park Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1926, to Feb 15, 1926, that I last saw him alive on Feb 14, 1926, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Williams Frey, M. D.

2/15, 1926 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County — DATE OF BURIAL: Feb 16 1926

20 UNDERTAKER: Jas. E. Mullen & Son — ADDRESS: 2338 Eutaw

FILL IN ALL BLANKS. Information must be typewritten or written with pen and ink. Use figures for dates. Do not abbreviate. Answer each question. If none, write none. If unknown, write unknown. Where a question does not apply, write N. A.

C. HAMPSON JONES, M. D.

FEB 16 1926

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07294 **E 07294**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals Registered No. 47-1

City of BALTIMORE: (No. Bay View Asylum St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Mc Bride

(a) Residence No. 5719 York Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1861.

7-AGE, 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md Maryland

PARENTS.

10-NAME OF FATHER, James Mc Bride

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Maryland

14- (Informant) Baltimore City Hospitals (Address) Hospital Records

15- Filed 192 Registrar.

RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 13 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 11, 1926 to Feb 13, 1926

that I last saw him alive on Feb 13, 1926

and that death occurred, on the date stated above, at 7 15 P.m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma of Stomach

c Pyloric Obstruction

(Duration) several months ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Test

(Signed) Wm P Champe Jr M. D

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Sacred Heart	2/16, 1926
20-UNDERTAKER.	ADDRESS
J. J. Fahey Sons	1315 Light St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07295

CERTIFICATE OF DEATH.

E 07295

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 744 Robert St. 11-1 WARD)

2-FULL NAME George Edward Jones

(a) RESIDENCE NO. 744 Robert ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Color

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Sept 15th 1921

7 AGE — Years: — Months: 4 Days: 15 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: George Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Emma Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Odelia Scott
(Address): 744 Robert St

15 Filed ..... 19 ..... Registrar: R L

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14th, 1926, to Feb 14th, 1926.
that I last saw h— alive on Feb 17th, 1926,
and that death occurred, on the date stated above, at 1 PM, m.
The CAUSE OF DEATH* was as follows:

Grippe Influenza

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. L. Gibbs, M. D.

(Address) 924 Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem | DATE OF BURIAL: 2/19/26

20 UNDERTAKER: J Leon Hall | ADDRESS: 753 Dolphin

Spec.—1-10-21—M&T—1500 Bks.

E 07296 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07296

CERTIFICATE OF DEATH. 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 S Ann Street ST. 7-3 WARD)

2-FULL NAME Martin Dudek

(a) RESIDENCE NO. 513 S. Ann Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna . Dudek

6 DATE OF BIRTH (month, day, and year) Oct. 18 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	3	27 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Maryanna , Dudek

(Address) 513 S. Ann Street

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14/26

17

I HEREBY CERTIFY, That I attended deceased from Dec 12 . 1926 . to Feb. 14 . 1926.

that I last saw h alive on Feb. 14 . 1926,

and that death occurred, on the date stated above, at 830 Am.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pleurisy-Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Arthur Rembowski M. D.

. 19 (Address) 2039 Eastern Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. DATE OF BURIAL Feb 17 1926

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

Spec.—1-16-21—M&T—1500 Bks.

E 07297

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07297

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S. Patterson Park Ave ST. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Kendzierski

(a) RESIDENCE NO. 605 S. Patterson Park Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 23 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

029

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph. Kendzierski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Augusta. Studzinski

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mrs. Augusta. Kendzierska
(Address) 605 S. Patterson Park Avenue

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/26

17 I HEREBY CERTIFY, That I attended deceased from 2/10 ,19 26 , to 2/12 ,19 26 ,
that I last saw h alive on 2/12 ,19 26 ,
and that death occurred, on the date stated above, at 1020 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm. J. Sinkler M. D.

19 26 (Address) 1325 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. Fdh

DATE OF BURIAL 16 1926

20 UNDERTAKER John McWeber

ADDRESS 1803 Bank St

FEB 16 1926 HAMPSON JONES, M.

Spec.—1-10-21—M&T—1500 Bks.

E 07298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002

E 07298

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1920 Kennedy ST., Ave 9-5 WARD)

2-FULL NAME Josephine F. Knox

(a) RESIDENCE NO. 1920 Kennedy Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas P. Knox

6 DATE OF BIRTH (month, day, and year): Feb 20/1872

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	53	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Providence R. I.

PARENTS

10 NAME OF FATHER: Lawrence Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Thomas P. Knox 1920 Kennedy Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1926, to Feb. 15, 1926, that I last saw h alive on Feb. 15, 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. E. Bernbach, M. D.

2-15, 19 26 (Address) 1531 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Providence R. I. County — DATE OF BURIAL: Feb 16 1926

20 UNDERTAKER: Geo. J. Rubb — ADDRESS: 1730 Hoffman

C. HAMPSON JONES, M.D.
1925
1926
Per

Spec. 12-23-21—B.H.R.S.—400 Bks.

E 07299 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07299

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1035 W. Lexington St., 18-2 Ward) Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Grant

(a) Residence No. 1035 W. Lexington St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 12, 1926

7-AGE, 29 yrs. mos. 30 ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Grant

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Emma Heinz

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md.

14- (Informant)

(Address)

15- Filed ... 192... Registrar. BRA

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 11th 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1926 to Feb 11 1926 that I last saw him alive on Feb 11 1926 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Congenital hypertrophy of heart with patent foramen ovale

(Duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. mos. 30 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Phys. Exam and autopsy

(Signed) Frederick A. Snyder M. D.

Feb 11, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, DATE OF BURIAL, ..., 19...

20-UNDERTAKER, ADDRESS

C. HAMPSON JONES, M.D. Commissioner of Health. FEB 1926

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07300 E 07300

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (C.H.) ST. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Holmes

(a) RESIDENCE NO. 261 W. Hoffman st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Undson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926, to Feb. 10, 1926, that I last saw her alive on Feb. 10, 1926, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) M. D.

2-10-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL ....., 19

20 UNDERTAKER — ADDRESS

C. HAMSON JONES, M. D.

Spec. 1-10-21 M&T 1500 Blks.

07301

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07301

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals) (Ward)

2-FULL NAME Charles Lackey

(a) RESIDENCE NO. 1402 Eastern Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Alex Lackey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary McDonough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Hosp Records

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1926, to Feb 14, 1926, that I last saw him alive on Feb 14, 1926, and that death occurred, on the date stated above, at 12 20 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous adenitis

(duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) Wm McFarland M. D.

2-14, 1926 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL Feb. 17th 1926

20 UNDERTAKER Lilly and Zinn ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

07302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07302

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5 Elmhurst Rd (St.) Roland Park (Ward) 32b

2-FULL NAME Henry Gilbert Orrick

(a) RESIDENCE NO. 5 Elmhurst Rd (St.) Roland Park (Ward) .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of late Martha B Orrick

6 DATE OF BIRTH (month, day, and year) Sept 21st 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	4	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Berkeley Springs West Va.

PARENTS

10 NAME OF FATHER Johnson Orrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Berkeley Springs W. Va.

12 MAIDEN NAME OF MOTHER M. A. Cookes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Shepherdstown W. Va.

14 Informant Hellmuth Jr
(Address) 5 Elmhurst Rd. Balto.

15 Filed ... , 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1919, to Feb 15, 1926,
that I last saw him alive on Feb 15th, 1926,
and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of stomach

(duration) 7 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical & X-ray exam.

(Signed) Chas. A. Cosgrove M. D.
2/16 1926 (Address) 1107 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Feb 17 1926

20 UNDERTAKER: Henry W Jenkins & Son — ADDRESS: Cathedral & Mt Vernon Pl

C. C. THOMPSON JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07303 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07303

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 765 N Cross St 21-3 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Harms

(a) Residence No. 765 N Cross St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Harms

6-DATE OF BIRTH (month, day and year) Sept 14, 1865

7-AGE	If LESS than 1 day,
60 yrs. 4 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER Anton Hebler

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary (Unknown)

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Henry Harms

(Address) 765 N Cross St

15- Filed....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 15-26

17- I HEREBY CERTIFY, That I attended deceased from Nov 28 25 to Feb 15 26

that I last saw h[illegible] alive on Feb 15 26

and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) John D Schwensberger M.D.

, 19 (Address) 1760 Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Bonnie Brae	Feb 18, 19 26

20-UNDERTAKER,	ADDRESS
Harry A Metzl	1531 W Pratt St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E.07304

HEALTH DEPARTMENT—CITY OF BALTIMORE E 07304

CERTIFICATE OF DEATH.

49

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Orleans - St. 5-12 WARD)

2-FULL NAME. Annie Stanowitz

(a) RESIDENCE. No. 1232 Orleans St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anthony Stanowitz

6 DATE OF BIRTH (month, day, and year) Unknown 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Daughter
(Address) 1232 Orleans St

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1926

17 I HEREBY CERTIFY, That I attended deceased from July, 1925, to Feb 14, 1926, that I last saw h alive on Feb 13, 1926, and that death occurred, on the date stated above, at 1:30 a m.

The CAUSE OF DEATH* was as follows:

Cancroma of Kidney

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cystoscope

(Signed) A. C. Smith, M. D.

Feb 15 1926 (Address) 4309 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetary	Feb 17 1926
20 UNDERTAKER	ADDRESS
Chas. B. Kuchemeister	637 S. Paca St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07305 129 **E 07305**

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Lamon & Ln ST., 9-1 WARD)

2-FULL NAME Mary Belle Jones

(a) RESIDENCE NO. 1507 Lamon & Ln ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Duffield

6 DATE OF BIRTH (month, day, and year) March 3-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Samuel Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Elizabeth Bull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Hazel H Wyble
(Address) 523 Lamon Ln

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1926

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1926, to Feb 15, 1926, that I last saw her alive on Feb 15, 1926, and that death occurred, on the date stated above, at 9-12 a.m.

The CAUSE OF DEATH* was as follows:

Interstitial Syphilis & Uremic Convulsions; Oedema, & Tympanites

(duration) ..... yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Lumbago & Sciatica

(duration) ..... yrs. ..... mos. 22 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. D. Carman, M. D.

2-15, 1926 (Address) 1707 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 19

20 UNDERTAKER Wm Cook 502 E Balto

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 07306

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 07306

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 N. Patterson Park Ave. St., 7-2 WARD)

2-FULL NAME Norma V. Mattingly

(a) RESIDENCE No. 802 N. Patterson Park Ave. St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 26-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
		9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country) Md

PARENTS

10 NAME OF FATHER Norman J. Mattingly

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Ethel V. Johnson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant Norman J. Mattingly
(Address) 802 N. Patterson Park Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-10 1926 to 2-16 1926 that I last saw h alive on 2-15 1926 and that death occurred, on the date stated above, at 4.20 A m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? undetermined

Did an operation precede death? No Date of —

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) F. Leo Burnside M. D.

2-16 1926 (Address) 800 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Solomons Md. — DATE OF BURIAL Feb. 17 1926

20 UNDERTAKER Wm. C. Black — ADDRESS 427 N. Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07307

CERTIFICATE OF DEATH.

45

E 07307
Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2421 N. Calvert St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George B. Seal

(a) Residence No. 2422 N. Calvert St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Maria E. Kendall

6-DATE OF BIRTH (month, day and year) Nov. 19. 1846

7-AGE. 79 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... retired
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Va.

PARENTS.

10-NAME OF FATHER, John D. Seal

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER, Frances Tabb Gardner

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Va.

14- (Informant) G. Murray Seal
(Address) 2415 N. Calvert St.

15-
Filed....., 192.....
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feby 15. 1926

17- I HEREBY CERTIFY, That I attended deceased from 2-11, 1926 to 2-15, 1926 that I last saw him alive on Feb. 15, 1926, and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

CARCINOMA OF COLON

(Duration) 1 yrs. 0 mos. — ds.

CONTRIBUTORY (Secondary) .....(Duration)....yrs....mos....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) John L. Jansen, M. D.

, 19 (Address) 1129 St. Paul St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Norfolk Va. DATE OF BURIAL, Feb. 18, 1926

20-UNDERTAKER, John O. Mitchell ADDRESS N. Fayette St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07308 49 **E 07308**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2443 Edmondson Ave. St.: 21-3 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Catherine Keelan

(a) RESIDENCE. No. 2443 Edmondson Ave. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 11-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Patrick Keelan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs. Margaret A. Fullem, 2443 Edmondson Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1925, to Feb 15, 1926, that I last saw h-- alive on Feb 12, 1926, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Hip

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

2/16 1926 (Address) 5[illegible] Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Feby. 17 1926.

20 UNDERTAKER: Elmer A. Conklin, ADDRESS: 924 E. Eager St.

FEB 16 1926 C. HAMPSON JONES, M.D. Per

RCW

Spec.—1-12-23—M&T—500 Blks.

Stirn ✓

07309

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 201

E 07309

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 N. Ashburton St. ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine T. Stirn

(a) RESIDENCE NO. 42 N. Ashburton St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Stirn

6 DATE OF BIRTH (month, day, and year) Oct. 6, 1872

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	4	10	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Louis Sporleder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Helen Roessell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Cora Stirn

(Address) 2 N. Ashburton St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1926, to Feb. 16, 1926, that I last saw h[illegible] alive on Feb. 16, 1926, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edmund [illegible], M. D.

2/16/26 (Address) 20 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL Feb 18 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N Balto

Spec.—1-10-21—MAT—1500 Blks.

E 07310 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 07310

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Rayna and Dukeland ST., 15-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick L. Shaw

(a) RESIDENCE NO. 4322 4322 Park Heights Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Sarah J. Shaw

6 DATE OF BIRTH (month, day, and year) Dec. 11" 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
61	59	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired (Conductor)

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer B. & O. R.R.

9 BIRTHPLACE (city or town) Martinsburg

(State or country) West Virginia

PARENTS

10 NAME OF FATHER John Shaw

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Christina Lee

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs Harris

(Address) 4322 Parkheights Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/2 1926 to 2/16 1926

that I last saw h[illegible] alive on 2/16 1926

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis (Bilateral)

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. Mosnitz, M. D.

2-16 1926 (Address) 1 W. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb 19 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Baltimore St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07311 E 07311

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Levering N. Jones

(a) RESIDENCE No. 1415 W. Fayette St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Evelyn E. Jones

6 DATE OF BIRTH (month, day, and year): April 24 1854

7 AGE: Years 71 Months 9 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hat Maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Warner & Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: William Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah Keck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Evelyn Jones (Address): Bon Secours Hospital

15 Filed ..... 19 ..... RFH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 15, 1926

17

I HEREBY CERTIFY, That I attended deceased from June 25, 1925 to Feb. 15, 1926.

that I last saw h/m alive on Feb. 15, 1926.

and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Metastasis to Lung

bones of pelvis (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Prostatectomy Date of July 15, '25

Was there an autopsy? No

What test confirmed diagnosis? Pathology. Exam of Spec.

(Signed) Geo. D. Kelly M. D.

2/15/26 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Feb 17 '26

20 UNDERTAKER: Joseph B. Cook ADDRESS: 1003 N. Gay St.

Spec.—1-10-21—M&T—1500 Bks.

E 07312

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07312

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 West Mulberry St. ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Brown

(a) RESIDENCE NO. 2112 West Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta M. Brown

6 DATE OF BIRTH (month, day, and year) Feb. 26th. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick layer

(b) General nature of industry, business, or establishment in which employed (or employer) 011

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William H. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margaret Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Alberta Brown

(Address) 2112 West Mulberry St.

15 Filed ... , 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1926, to Feb. 15, 1926, that I last saw him alive on Feb. 15, 1926, and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis (Nervous Type)

(duration) — yrs. — mos 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Signs

(Signed) Charles Gey, M. D.

2-16, 1926 (Address) 1111 West Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb. 17 1926

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 W. Balto St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07313 | CERTIFICATE OF DEATH. | 11-60 E 07313

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 Wyman Parkway ST. 12-2 WARD)

2-FULL NAME Anna R. McKay

(a) RESIDENCE NO. 2920 Wyman Parkway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry W. McKay

6 DATE OF BIRTH (month, day, and year) Feb. 1, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

PARENTS

10 NAME OF FATHER Henry I. Appel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Hesse Darmstadt, Germany

12 MAIDEN NAME OF MOTHER Meta Freitag

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Bremen, Germany

14 Informant Charles H. Appel
(Address) 2920 Wyman Parkway

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1926, to Feb. 14, 1926, that I last saw h[illegible] alive on Feb. 14, 1926, and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation (duration) yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) George M. Griffith, M. D.

2/16 1926 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL Feb. 17" 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Calvert St

H. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07314

CERTIFICATE OF DEATH.

+ 11-001 E 07314

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Fredsborough

(a) RESIDENCE NO. Seahurdtown ST., WARD Md

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unk.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	24	~	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) University Hospital Baltimore

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to Feb 14, 1926, that I last saw h alive on Feb 14, 1926, and that death occurred, on the date stated above, at 800 P m.

The CAUSE OF DEATH* was as follows:

Streptococcic Septicemia

Flu

(duration) yrs. mos 5-6 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Fort Howard

Did an operation precede death? Yes Date of 2/10/26

Was there an autopsy? Yes

What test confirmed diagnosis? Blood culture, Autopsy findings

(Signed) W. R. Kurtz, M. D.

Feb. 19 26 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL 2/17, 19 26

20 UNDERTAKER Sol Leiner & Bro

ADDRESS 1127 E Balto st

C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks. 2951 E Pratt

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07315

CERTIFICATE OF DEATH.

3-490 E 07315

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 Fleet ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Louis Thomas-

(a) RESIDENCE No. 1534 Fleet st ST., at WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male-

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Thomas

6 DATE OF BIRTH (month, day, and year) Oct 25, 1853

7 AGE: Years 72 Months 4 Days 15 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer-

(b) General nature of Industry, business, or establishment in which employed (or employer): Night Watchman

(c) Name of employer: McClean Lumber Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Samuel Thomas.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Harry L Thomas Jr

(Address) 731 Lawell Edmondson Ave

15 Filed ....., 19 ..... Registrar. RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 13. 26 to Feb 15 26

that I last saw h— alive on Feb 14 26

and that death occurred, on the date stated above, at 2.90 m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? dont know

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinic

(Signed) H. Kemp Dudley M. D.

2-16 1926 (Address) 2938 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Feb. 17 1926

20 UNDERTAKER: H. Sander Sons — ADDRESS: 1710 N.

Spec.—1-10-21—M&T—1500 Bks. Charles A C. Lmandt.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07316

CERTIFICATE OF DEATH.

99-02

E 07316

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Eastern Ave ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME C. A. C. Lmandt

(a) RESIDENCE No. 2218 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Lmandt

6 DATE OF BIRTH (month, day, and year): Oct 12, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sheet Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer): 084

(c) Name of employer: Maryland Meter Works

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Frederick Lmandt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Mary Lmandt

(Address): 2218 Eastern Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1 1926 to Feb. 15 1926, that I last saw h alive on Feb. 15 1926, and that death occurred, on the date stated above, at 12 35 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Chronic Bronchitis

(duration) yrs. mos. ds.

Interstitial Nephritis

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. A. Meyer, M. D.

2/16 19 26 (Address) 1500 E. 33rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: Feb. 18 1926

20 UNDERTAKER: Henry Sander & Sons, Inc — ADDRESS: 1710 Fleet St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07317

11-E 07317

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 244 S Exeter ST. 3-1 WARD)

2-FULL NAME Vincent Vecero

(a) RESIDENCE NO. 244 S Exeter ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 20 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Vecero

6 DATE OF BIRTH (month, day, and year) Feb 17 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	11	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Frank Vecero

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Grace Demarto

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mary Vecero (Address) 244 S Exeter

15 Filed ..., 19 ... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1926, to Feb. 16, 1926,

that I last saw him alive on Feb. 16, 1926;

and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) ... yrs. ... mos. 13 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P Antigiani M. D.

, 19 (Address) 2942 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 20 1926

20 UNDERTAKER Wendell Diffel & Son — ADDRESS 378 Penn

Spec.—1-10-21—M&T—1500 Bks.

E 07318 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07318

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1153 Gusby St. (ST.) 2-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Aquazzo

(a) RESIDENCE NO. 1153 Gusby St. (ST.) (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): March 8 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		11	& 17.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John B. Aquazzo

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Theresa Crosatino

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: John B. Aquazzo

(Address): 1153 Gusby St.

15 Filed ....., 19.... Registrar

FEB 17 1926 HARRISON JONES M. D.

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1926, to Feb. 16, 1926,

that I last saw h[illegible] alive on Feb. 16, 1926,

and that death occurred, on the date stated above, at 1130 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. Artigiani, M. D.

, 19 (Address) 2942 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents Cem

DATE OF BURIAL: Feb 17 1926

20 UNDERTAKER: Wendell & Riegel Inc

ADDRESS: 32 E Lanvale

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

7319

CERTIFICATE OF DEATH.

139 E 07319

REGISTERED NO. 15-5

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3504 Walbrook Ave (STREET) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maurice E. Eyler.

(a) RESIDENCE. No. 3504 Walbrook Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie E Eyler

6 DATE OF BIRTH (month, day, and year) Dec 6 53

7 AGE — Years: 72 — Months: 2 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER David Eyler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Kurtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Miss Helen Eyler

(Address) 3504 Walbrook Ave

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 10 1926

17 I HEREBY CERTIFY, That I attended deceased from July 25 1925 to Feby 10 1926 that I last saw h alive on Feby 14 1926 and that death occurred, on the date stated above, at 6:20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Cardiac Complications

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Coroners

(Signed) Hayden Cole, M. D.

2/16 1926 (Address) 2202 E. Mon[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chambersburg Pa — DATE OF BURIAL: Feb 18 1926

20 UNDERTAKER: H W Rowtree — ADDRESS: 2258 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 07320 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07320

CERTIFICATE OF DEATH. 11-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 E Federal. St., 8-3 Ward)

2-FULL NAME Vera M. Schammel.

(a) RESIDENCE No. 2437 E Federal. St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Femal	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6 DATE OF BIRTH (month, day, and year) July 11 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George W. Schammel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Hannah F Titus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Trenton N J.

14 Informant Geo W. Schammel.
(Address) 2437 Federal St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-15-26 to 2-17-26.

that I last saw her alive on 2-17-26

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

1a Grippe

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) ..... M. D.

(Address) 600 N Ann St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore cem.

DATE OF BURIAL Feb 19 1926

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E Eager

Spec.—8-24-14—M. & T.—2000 Blks.

E 07321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 07321

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 N. Eutaw ST.: 11-1 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Bruce

(Residence in Baltimore: No. 1108 N. Eutaw St.: 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. May (Month) 26 (Day), 1871 (Year)

7-AGE.	If LESS than 1 day,
54 yrs. 8 mos. 19 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Standard Oil Co.

9-BIRTHPLACE, (State or Country), Easton, Md.

PARENTS.

10-NAME OF FATHER. Thos. A. Bruce

11-BIRTHPLACE OF FATHER (State or Country), Easton, Md.

12-MAIDEN NAME OF MOTHER Mary C. Abbott.

13-BIRTHPLACE OF MOTHER (State or Country), Easton, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M. Tucker

(Address) Easton, Md

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 16 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15. 1926, to Feb. 16. 1926, that I saw h[illegible] alive on Feb. 15. 1926., and that death occurred, on the date stated above, at 7:10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Wm. Hurst C. Blake M. D.

Feb. 17, 1926 (Address) 1014 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Easton, Md.	Feb. 18., 1926
20-UNDERTAKER Zirkler + Zirkler	ADDRESS 1739 E. Eager St.

C. HOUSTON JONES, M.D. FEB 17 1926

Spec. 1-10-21 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07322 — E 07322

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. North ave Chilham ST. Rear 721 Washington WARD) If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Baker

(a) RESIDENCE NO. North ave Chilham ST., Rear 721 Washington WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Baker

6 DATE OF BIRTH (month, day, and year): June 10/1854

7 AGE — Years: 71 — Months: 8 — Days: 5 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore City Maryland

PARENTS

10 NAME OF FATHER: Wm Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Charlotte R Lane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Henry Stockmeyer (Address) 1707 W Lexington

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1926, to Feb 15, 1926.

That I last saw h w alive on Feb 15, 1926.

and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alan B Lemmon, M. D.

2/16, 1926 (Address) 718 N Pat Ham ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 2/17/26

20 UNDERTAKER: Geo Weber & Son 2503 Edmondson ave — ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07323

CERTIFICATE OF DEATH.

91-002

E 07323

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 E Balto St., 14-W WARD)

2-FULL NAME Samuel Sachs

(a) RESIDENCE NO. 911 W North ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bailey Sachs

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 86 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Rabbi 911 W North ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased (from Jan 16, 1926, to Feb 16, 1926, that I last saw h[illegible] alive on Feb 16, 1926, and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) I Frederick Lentz, M. D.

2-17 1926 (Address) 2040 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shaarei Zedek Cem

DATE OF BURIAL: 2/17 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07324 11-001 **E 07324**

CERTIFICATE OF DEATH.

REGISTERED NO. 27-6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 198 Cedar Avenue, Roland Park ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Hambleton

(a) RESIDENCE NO. 198 Cedar Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Ruddock

6 DATE OF BIRTH (month, day, and year) May 28 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore Trust Co.

9 BIRTHPLACE (city or town) Mount Savage
(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard E. Hambleton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella F. Yager

13 BIRTHPLACE OF MOTHER (city or town) Reading
(State or country) Pa.

14 Informant Mrs. Anne R. Hambleton
(Address) 198 Cedar Avenue

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1926, to Feb 15, 1926, that I last saw him alive on Feb. 15, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH was as follows:

Influenza

(duration) 2 yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John R Abercrombie M. D.

2/16 1926 (Address) 3524 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 2/17 1926

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. Calvert St.

FRONT (Do not write above this line)

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07325

CERTIFICATE OF DEATH.

90

E 07325

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 45 E. White ST. 27-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Thompson

(a) RESIDENCE NO. 45 E. White ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Thompson

6 DATE OF BIRTH (month, day, and year) 2/14/1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ridgewood N.J.

PARENTS

10 NAME OF FATHER Don Knoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.J.

12 MAIDEN NAME OF MOTHER Dora Knoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.J.

14 Informant Mrs Rose Thompson (Address) 45 E White St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6 1926 to Feb 16 1926

that I last saw h[illegible] alive on Feb 15 1926

and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Isaf Cancer

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Stanley Cox M. D.

Feb 16 1926 (Address) 27 W. Hartford Rd Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elizabeth N.J.

DATE OF BURIAL 2/17 1926

20 UNDERTAKER John Miller

ADDRESS 2008 Orleans

FEB 17 1926

KK

Spec.—1-10-21—M&T—1500 Blks.

07326

HEALTH DEPARTMENT—CITY OF BALTIMORE

75-001 E 07326

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Bank ST. 26-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Westermeyer

(a) RESIDENCE NO. 3000 Bank ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rudolph L. Westermeyer

6 DATE OF BIRTH (month, day, and year) June 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
88	87	8	10	

8 OCCUPATION OF DECEASED at home

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER Brend

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Rudolph L Westermeyer Jr.
(Address) 220 Bond St

15 Filed 2/17, 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16/ 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1926 to Feb. 16, 1926.
7.00 A.M. & P.M.
that I last saw h 4 alive on Feb 16, 1926.
and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Senility. —
Acute phlegmon L. —

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. —

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. E. McCandlish M. D.

(Address) 3508 Reed St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Friday 19th 26

20 UNDERTAKER John Weems

ADDRESS 2[illegible] Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07327

CERTIFICATE OF DEATH.

117 ✓

E 07327

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital Ward) 5-7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Jackson

(a) RESIDENCE NO. 1231 Jefferson St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jackson

6 DATE OF BIRTH (month, day, and year) Aug 10/1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
54	55	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Assist. Pastor

(b) General nature of industry, business, or establishment in which employed (or employer) Faith Baptist 018

(c) Name of employer Church

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER George Jackson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Eliza Jackson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Mary Jackson

(Address)

15 Filed....., 19 RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Feb 14/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction (Appendicitis
Death followed Operation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature], M. D.
(Coroner)

2/17/26 19 (Address) 508 E. northAve

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cemetry Date of Burial Feb. 17 1926

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07328

CERTIFICATE OF DEATH.

100-001

E 07328

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1417 E. ~~Fayette St~~ Fairmount ave St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gracie Lee Flood

(a) RESIDENCE NO. 1417 E. ~~Fayette~~ Fairmount ave St. _____ Ward North Carolina

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 16/24

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	2	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) N.C.

PARENTS

10 NAME OF FATHER Marcelles Flood

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Grace Hawkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.C

14 Informant Marcelles Flood

(Address) 1417 E Fairmount ave

15 Filed _____ 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15-26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. S. N. Patterson, M. D.

(Coroner)

2/17/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial Feb. 17 1926

20 UNDERTAKER Mrs. P. G. Elliott. ADDRESS 1775 Ashland ave

Very Important. Be sure every question is answered. THOMSON-JONES, BALTO.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-603

E 07329

CERTIFICATE OF DEATH.

E 07329

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1801 N. Wolfe ST. 8-2 WARD)

2-FULL NAME Louis Sail

(a) RESIDENCE NO. 1801 N. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Katie Sail

6 DATE OF BIRTH (month, day, and year) May 20th 1859

7 AGE	Years	Months	Days 20	If LESS than 1 day, ... hrs. or ..... min.
	66	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER George Sail

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Scherer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant George Sail
(Address) 1801 N. Wolfe st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1925, to July 15th, 1926, that I last saw him alive on July 15th, 1926, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Dilatation of Left Ventricle

Chronic Myocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? X Ray

(Signed) E. E. Snyder M. D.

July 16 1926 (Address) 1401 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL July 19th 1926

20 UNDERTAKER George Schulting & Sons

ADDRESS 1126 E. Monument St

FRANK C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

Leilich

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07330

CERTIFICATE OF DEATH.

46 **E 07330**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 405 N Payson ST. 20-5 (WARD)

2-FULL NAME Mary C Leilich

(a) RESIDENCE NO. 405 N Payson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7yr 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 22 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER John Rolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Rolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louis E Leilich

(Address) 405 N Payson

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1926

17

I HEREBY CERTIFY, That I attended deceased from June, 1925, to Feb 15, 1926.

that I last saw h alive on Feb 10th, 1926

and that death occurred, on the date stated above, at 8.0 a m.

The CAUSE OF DEATH* was as follows:

Interstitial Hypertrophic Cirrhosis of Liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Mary C Watkins M. D.

2/16, 1926 (Address) 405 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Feb 17 1926

20 UNDERTAKER H C Brauning & Son — ADDRESS 517 N Eutaw

FEB 17 1926 HAMILTON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07331

E 07331

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Pennsylvania Ave 15-13 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernice Hatterhoefer

(a) RESIDENCE NO. 2400 Pennsylvania Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced (or) WIFE of Charles Hatterhoefer

6 DATE OF BIRTH (month, day, and year) Oct 10, 1886

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Unknown (State or country) Penna

PARENTS

10 NAME OF FATHER Clarence Knight

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Penna

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant Carl Hatterhoefer (Address) 371 Manchester Ave

15 Filed ....., 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15th, 1925 to Feb. 15th, 1926, that I last saw her alive on Feb. 7th, 1926, and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hardening Arteries

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

2/16, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Feb 18 1926

20 UNDERTAKER George J. Smith — ADDRESS 1532 Hollins

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07332

CERTIFICATE OF DEATH.

49 E 07332

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1768 Homestead ST., 9-3 WARD)

2-FULL NAME Wm H. Anderson.

(a) RESIDENCE NO. 1768 Homestead ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	6	15 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Harry Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Clara Anderson
(Address) 1768 Homestead St

15 Filed ..... 19 ..... RH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1926, to Feb. 15, 1926, that I last saw him alive on Feb. 14, 1926, and that death occurred, on the date stated above, at 8.20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate.

about 3 yrs. mos ds.
(duration)

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Cystoscope.

(Signed) G. Lobstein Ewald M. D.

2/16, 1926 (Address) 2745 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem — DATE OF BURIAL: Feb 18 1926

20 UNDERTAKER: George J Smith — ADDRESS 1532 Hollins

CERTIFIED COPY ... HILDA STONES, M. D.

Spec.—1-12-23—M&T—500 lbs.

E 07333

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 07333

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U S Marine Hospital #1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ST. 4-3 WARD)

2-FULL NAME John W. North

(a) RESIDENCE NO. 612 East Pratt ST., WARD

(Usual place of abode) Baltimore, Md.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred , yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary North

6 DATE OF BIRTH (month, day, and year) Nov. 1, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	64	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Captain.

(c) Name of employer Corps Mildred McNally

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER John H North

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Jane Frazier

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Sylvia Gerber

(Address) 827 Hollins st

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to Feb. 16, 1926,

that I last saw him alive on Feb 16, 1926,

and that death occurred, on the date stated above, at 12 64 m.

The CAUSE OF DEATH* was as follows:

~~Endocarditis, acute.~~

Acute Myocarditis, and

acute cardiac dilatation.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Influenza, acute,

Pulmonary Edema

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? U.S. Marine Hospital

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Physical findings and laboratory tests.

(Signed) W. H. J. Wells, M. D.

19 (Address) U.S Marine Hospital

JCJ

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md

DATE OF BURIAL Feb 17 19 26

20 UNDERTAKER George E Lewis

ADDRESS 1532 Hollins

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07334 E 07334

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Univ Hosp

CITY OF BALTIMORE: (No. ..... ST., 4-1 WARD)

2-FULL NAME James E. Baugher

(a) RESIDENCE NO. Pumphreys Ct alley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) March 13 1921

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	11	2	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER William Baugher

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Jane E Hines

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant William Baugher
(Address) Lanham & Md

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident

Fracture of Skull

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Feb 7 1926 J. C. Gladden, M. D.
(Coroner)
(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Feb 17 1926

20 UNDERTAKER George J Smith

ADDRESS 153 L Holins

FEB 7 1926 CHARLES H. JONES, M.D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07335

CERTIFICATE OF DEATH.

16-5-90 E 07335

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N. Pulaski Street ST. 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Catherine Peart

(a) RESIDENCE NO. 717 N. Pulaski Street ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs 5 mos. 16 ds. How long in U. S., if of foreign birth? 74 yrs. 5 mos. 16 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles C. Peart

6 DATE OF BIRTH (month, day, and year) Aug-1-1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Owens

11 BIRTHPLACE OF FATHER (city or town)
(State or country) St. Marys Co. Md.

12 MAIDEN NAME OF MOTHER Sallie Goldsbury

13 BIRTHPLACE OF MOTHER (city or town) St. Marys Co
(State or country) Md.

14 Informant Mrs. Jas. F. Legg (daughter)
(Address) 2937 Mosher Street.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb/16/ 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Feb 16, 1926, that I last saw h alive on Feb 15, 1926, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart (duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulm. Oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Norwood, M. D.

Feb 16, 1926 (Address) 1327 Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb-18-26

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE

Spec.—1-12-23—MAT—500 Blks.

E 07336 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07336

100-801

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 26-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Smith

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 40 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals. (Address) Baltimore

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-28-25, 19..., to 2-13-, 1926, that I last saw h. in alive on 2-13-26, 19..., and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis with Cerebral Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Clinical Findings

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Goldsmith M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hopkins Co Ky Pitchettsville

DATE OF BURIAL 2/17 1926

20 UNDERTAKER Samuel T. Kennedy

ADDRESS 598 W Saratoga

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07337

CERTIFICATE OF DEATH.

74001 E 07337

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 Argyle Ave ST. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Satchel

(a) RESIDENCE. No. 1335 Argyle Ave ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Satchel

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture Mover

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Co Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edith Satchell
(Address) 1335 Argyle Ave

15 Filed ..... 19 ..... Registrar

RSL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Feb 16, 1926, that I last saw h[illegible] alive on Feb 15, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Ds Stamina

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation & Symptoms

(Signed) Charles W Thomas, M. D.

Feb 17 1926 (Address) 712 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lauter Co

DATE OF BURIAL Feb 18 1926

20 UNDERTAKER Samuel W Insley

ADDRESS 578 N Eutaw

FEB 17 1926 [illegible]

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

07338

E 07338

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 528 N. Lee St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Laura Dyson
528 W. Lee St

(a) Residence No..... St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Dyson

6-DATE OF BIRTH (month, day and year) ?

7-AGE, 53 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 03
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (city or town) (State or Country), ?

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) ?

14- (Informant) Wm Dyson
(Address) 528 Lee St

15-
Filed....., 192.... Registrar. RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-14-26

17- I HEREBY CERTIFY, That I attended deceased from Feb 11, 1926, to Feb 14, 1926, that I last saw her alive on Feb 14, 1926, and that death occurred, on the date stated above, at 12:15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jas. A. Cooke M. D.

19 (Address) 655 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem DATE OF BURIAL 2/17/26

20-UNDERTAKER Samuel H Ensley ADDRESS 1600 E Baltimore St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07339

CERTIFICATE OF DEATH.

100-001

E 07339
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 931 Leadenhall St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Johnson

(a) Residence No. 931 Leadenhall St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Johnson

6-DATE OF BIRTH (month, day and year) Dec 31 1882

7-AGE, [redacted] mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Robt Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Mollie Downs

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant) Mary Johnson

(Address) 931 Leadenhall

15- Filed ....., 19?

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-14-26

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 19.26, to Feb 14, 19.26

that I last saw h... alive on Feb 14, 19.26

and that death occurred, on the date stated above, at 7:05 A m.

The CAUSE OF DEATH* was as follows:

Terminal

Broncho-Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Subacute Bacterial Endocarditis

(Duration) yrs. mos. 21 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas. A. Crooke, M. D.

, 19 (Address) 655 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem DATE OF BURIAL, 2-17-26

20-UNDERTAKER, Samuel F. Wesley ADDRESS 3[illegible] W Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07340

CERTIFICATE OF DEATH.

10 NE 07340

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Ramsey ST. 19-2 WARD)

2-FULL NAME Sophronia S. Allen

(a) RESIDENCE NO. 1706 Ramsey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 22 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87	88	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Mrs Allen

(Address) 1706 Ramsay st

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15- 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11- , 1926 , to Feb. 15- , 1926 , that I last saw her alive on Feb. 15- , 1926 , and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pleurisy (acute)

(duration) - yrs. - mos. 4 ds.

CONTRIBUTORY (Secondary) Senile prostration and cardiac failure (duration) - yrs. - mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Phys. & Gen.

(Signed) Chas C. McCarthy, M. D.

, 19 (Address) 2410 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Feb 18th 1926

20 UNDERTAKER John J. Fields

ADDRESS 1200 W Fayette

Spec.--1-10-21--M&T--1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 07341

CERTIFICATE OF DEATH.

E 07341
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital (St.) 3-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Krom

(a) RESIDENCE NO. 812 E. Lombard ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Solomon Krom

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Russia

PARENTS

10 NAME OF FATHER Aaron —

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Bontam

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14
Informant Rubin Krom
(Address) 34 E. High St

15
Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1926

17
I HEREBY CERTIFY, That I attended deceased from Feb 13, 1926, to Feb 17, 1926,
that I last saw h.e alive on Feb 17, 1926,
and that death occurred, on the date stated above, at 3-00 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herman Run — DATE OF BURIAL 2/17 1926

20 UNDERTAKER Jack Levis — ADDRESS 1439 E Balto St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07342

CERTIFICATE OF DEATH.

91-001

E 07342

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N. Bruce St ST., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Slater

(a) RESIDENCE NO. 22i N. Bruce St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Negro	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Slater

6 DATE OF BIRTH (month, day, and year) Jan. 15th. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Construction

(c) Name of employer Unemployed

9 BIRTHPLACE (city or town) (State or country) St. MarysCo. Md.

PARENTS

10 NAME OF FATHER Thomas Slater

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Marys Co. Md.

12 MAIDEN NAME OF MOTHER Alice Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Marys Co. Md.

14 Informant Nathan Slater (Son)

(Address) 221 N. Bruce St.

15 Filed ....., 19 ..... RR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13th. 1926 to Feb. 15th. 1926 that I last saw him alive on Feb. 14th. 1926 and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Aneurysm of the acending arch and transverse Aorta

Aortic Ins. (Coma)

From personal knowledge (duration) yrs. one mos. year ds.

CONTRIBUTORY (Secondary) Broken compensation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter A. Leverett, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel

DATE OF BURIAL 2-18 1926

20 UNDERTAKER Joseph A Lively

ADDRESS 151 Winters ave

Spec.—1-10-21—M&T—1500 Blks.

E 07343 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

73 E 07343

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3403 Esther Place ST. 16-3 WARD)

2-FULL NAME Samuel Rankin King

(a) RESIDENCE NO. 3403 Esther Place ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda King

6 DATE OF BIRTH (month, day, and year) 8/20/1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	61	5	25 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) B+O.R.R. 609

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Samuel R. King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Mary V. Warner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md.

14 Informant Mrs Matilda King

(Address) 3403 Esther Place

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1926

17 I HEREBY CERTIFY, That I attended deceased from September 4 1925 to February 15 1926, that I last saw him alive on February 8 1926 and that death occurred, on the date stated above, at 730A m.

The CAUSE OF DEATH* was as follows:

Amiotrophic Lateral Sclerosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Schaffer, M. D.

2/16 1926 (Address) 2027 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 2/18 1926

20 UNDERTAKER Albert L. Hiltz Jr

ADDRESS 1735 Harford Ave

Spec.—1-10-21 M&T 1500 Bks.

E 07344

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07344

CERTIFICATE OF DEATH.

11-8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 836 William (St.) 22 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eftis Frenkakis

(a) RESIDENCE No. 836 William ST., WARD Greece.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 21. 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Cafeteria

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER C. Frenkakis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Katherine Kourkos

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Father John

(Address) 1819 McElderry St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1926, to Feb. 15, 1926, that I last saw h.. alive on Feb. 15, 1926, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. S. Marr, M. D.

2.16. 1926 (Address) 516 Allendale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 2/17 1926

20 UNDERTAKER George J Ruth

ADDRESS 1735 Harford Ave

Cor.—1-12-23—M&T—100 Bks.

E 07345 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 07345

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Leadenhall St. ST., 22-2 WARD)

2-FULL NAME Peter Shipley.(C)

(a) RESIDENCE NO. 814 Leadenhall St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored.	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Do not know.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Knoxville, Tenn.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mary Brown.(C)
(Address) 814 Leadenhall St.

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M Reinhard, M. D. (Coroner.)

Feb. 6, 1926 192 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND — DATE OF BURIAL ... 192

20 UNDERTAKER ... Baltimore Health — ADDRESS

FEB 8 1926 Harrison James M

FEB 7 1926 THE MORGUE

Cor.—1-12-23—M&T—100 Bks.

E 07346 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07346

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. In front of 118 E. York St. ST. 22-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James McAtee.

(a) RESIDENCE NO. 42 E. York St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Do not know.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Ireland.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14
Informant Police Report.
(Address) Southern District.

15
Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 1° 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt, M. D.
(Coroner.)

Feb, 6, 1926 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

E 07347 HEALTH DEPARTMENT—CITY OF BALTIMORE 159-002 E 07347

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 233 N. Bruce St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Ferguson

(Residence in Baltimore: No. 233 N. Bruce St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH. Feb 7th 1926
(Month) (Day) (Year)

7-AGE. ... yrs. ... mos. If LESS than 1 day, 6 hours ....hrs. or.....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Wm Ferguson

11-BIRTHPLACE OF FATHER, (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Louise Leppard

13-BIRTHPLACE OF MOTHER. (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Ferguson

(Address) 233 N. Bruce St

15-

Filed ..... 192.. Registrar. [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 8th 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Cardiac Insufficiency

6 hours (Duration) yrs. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) Thos. B. Norton M. D.
Coroner.

Feb 13 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal. Balto Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
	..... 19..

20-UNDERTAKER.	ADDRESS

FEB 17 1926 [illegible]

Spec.—1-10-21—M&T—1500 Bks.

Tilly B Cook

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07348

CERTIFICATE OF DEATH.

100-01

E 07348

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 562 Monroe ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tilly B Cook

(a) RESIDENCE No. 562 Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Cook

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: Years: 53 yrs; Months: —; Days: —

If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Henry Bruce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Stephen Cook 1309 Bennett Pl

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/14 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Feb 14, 1926.

that I last saw her alive on Feb 14, 1926.

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J R Cooksey, M. D.

, 19 (Address) 1309 Bennett Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 2/17 1926

20 UNDERTAKER: J Leon Hall

ADDRESS 753 Dolphin

HAMPSON JONES, M. D.

Spec. 1-10-21—M&T—1500 Blks.

E 07349 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-E 07349

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1907 Greenmount Ave ST., 9-4 WARD)

2-FULL NAME Mrs. Anna Conroy

(a) RESIDENCE NO. 1907 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Conroy

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
About 69 or 70 yrs				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Terrance Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Peter A. Dolan (Daughter)

(Address) 1907 Greenmount Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15/26

17

I HEREBY CERTIFY, That I attended deceased from Jan 8th, 19 26, to Feb 15th, 19 26, that I last saw h e alive on Feb 14, 19 26, and that death occurred, on the date stated above, at 8,20 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chr. Bronchitis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. S. Collins, M. D.

19 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cathedral

UNDERTAKER John A. Moran

DATE OF BURIAL 2-18 1926

ADDRESS 3000 E. 13.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07350

CERTIFICATE OF DEATH.

9 E 07350

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 N. Bond ST., 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte M. Hatchet

(a) RESIDENCE No. 934 N. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

Female

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER James Hatchett

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Beatrice Morton

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country)

14 Informant Beatrice Hatchett

(Address) 934 N. Bond St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-13- 1926, to 2- 15- 1926

that I last saw her alive on 2 - 15 , 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) L. H. Walters M. D.

19 (Address) 1636 Ashland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery — DATE OF BURIAL: Feb 17, 1926

20 UNDERTAKER: Edward Bryan — ADDRESS: 1681 orleans st

Spec. 6-9-19 H. P. Co. 1000 Blks.

E 07351 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07351

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. 13-6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Park Av ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ruth Williams

(a) RESIDENCE. No. 2101 Park Av ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Williams

6 DATE OF BIRTH (month, day, and year) May 24 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Nathan Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jane Reece

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant J Burling Hall
(Address) Fidelity Bldg

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5 1926 to Feb 16 1926 that I last saw h[illegible] alive on Feb. 16 1926 and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Picture.

(Signed) A. F. Robinson, M. D.

2/17 1926 (Address) 836 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Waterford Loudon Co. Va	Feb. 18 1926
20 UNDERTAKER	ADDRESS
Chas. E. Franck	802 Madison Av

1926 HARRISON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

Barbara C Lang. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

07352 E 07352

REGISTERED NO. 26-5-90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Ramsey ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara C Lang

(a) RESIDENCE NO. 1926 Ramsey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Lang

6 DATE OF BIRTH (month, day, and year): June 24, 1858

7 AGE: Years 67 Months 7 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Jacob Rohr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dalbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Charles Lang

(Address) 1926 Ramsay st

15 Filed ....., 19 ..... RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): ~~Feb~~ Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25. 1925. to Feb 16. 1926.

that I last saw h alive on Feb 15. 1926

and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Acute Coronac dilatation from the

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Endocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Harold Kahn, M. D.

2/17 1926 Address) 1027 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. DATE OF BURIAL: Feb. 19, 1926

20 UNDERTAKER: Chas. W. Dill. ADDRESS 3109 Fredk. Ave.

Spec.—1-10-21 M&T 1500 Blks.

E 07353 HEALTH DEPARTMENT—CITY OF BALTIMORE 37 E 07353

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (WARD) 4

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Medeall

(a) RESIDENCE NO. 1914 Lafayette St. WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Born here (If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M Medeall

6 DATE OF BIRTH (month, day, and year) 1868 6-30

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
56	57	7 6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Produce Commission

(c) Name of employer J C Price

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo W Medeall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Fishpaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant ..... (Address) Hosp Records

15 Filed ....., 19 ..... RKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1926, to Feb 16, 1926, that I last saw him alive on Feb 16, 1926, and that death occurred, on the date stated above, at 3 00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of 10-19-25

Was there an autopsy? No

What test confirmed diagnosis? Clin & Laf Findings

(Signed) W O McClane Jr M. D.

Feb 17 1926 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 2/19 1926

20 UNDERTAKER W W Cook

ADDRESS 502 E North

C. STAMPSON JONES, M. D.
1926

Spec.—1-10-21—M&T—1500 Blks.

E 07354

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07354

CERTIFICATE OF DEATH.

1-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univerist Hospital St. 15-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ford Pearrell.

(a) RESIDENCE NO. 4005- Belle Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 4-1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Chas-L. Reader

9 BIRTHPLACE (City or Town) Brunswick (State or country) Md.

PARENTS

10 NAME OF FATHER Raleigh C. Pearrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio.

14 Informant (Address) Mother.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14, 19 26.

17

I HEREBY CERTIFY, That I attended deceased from Feb. 8, 19 26. to Feb. 16, 19 26.

that I last saw h[illegible] alive on Feb. 16, 19 26.

and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Perforation of Typhoid Ulcer & Peritonitis.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Typhoid Fever.

(duration) yrs. mos. 37 ds.

18 Where was disease contracted if not at place of death? Balto. Md.

Did an operation precede death? Exploratory & Drainage of abdomen for perforation Date of 2-8-26.

Was there an autopsy? Yes

What test confirmed diagnosis? — Bl. Cult. & Widal & Operation

(Signed) Leo J. Brown. M. D.

, 19 (Address) Univerist Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem. DATE OF BURIAL Feb 18 1926

20 UNDERTAKER Wm J. Tuckwell Sons ADDRESS N. & Pa.

1926 C. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E 07355

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07355

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3030 Prestman ST., 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Casper Stephens

(a) RESIDENCE NO. 3030 Prestman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 22-18-70

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer B & O R R

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER John Stephens

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Mary Russell

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs Laura Stephens (Address) 3030 Prestman St

15 Filed , 19 Parker Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1926, to Feb. 16, 1926, that I last saw him alive on Feb. 16, 1926, and that death occurred, on the date stated above, at 8 30 0 m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lamphrier, M. D.

2/4 1926 (Address) 826 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb 19 1926

20 UNDERTAKER Wm J Lechner & Sons — ADDRESS Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07356

99-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE (No. Catherine Falling St., 21-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 1026 Bruce St.

(a) Residence No. 1026 Bruce St., 21 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Henry Filling

6-DATE OF BIRTH (month, day and year): Dec 12 1853

7-AGE. 73 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Henry Dieckmann

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germy

12-MAIDEN NAME OF MOTHER: Catherine Braun

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germy

14- (Informant) Clara E. Filling
(Address) 1026 Bruce St.

15- Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 15-1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1926 to Feb 15 1926 that I last saw h[illegible] alive on Feb 14 1926 and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Bronchitis chronic

(Duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary) Arthritis

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edw Engelhardt M. D

2/16, 1926 (Address) 515 Lenox

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: Feb 18 1926

20-UNDERTAKER: C. Schlemmer & Son ADDRESS 1039 Hanover St

Spec.—1-12-23—M&T—500 Bks.

E 07357 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-001 E 07357

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ..... ST., 25-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer H Frank

(a) RESIDENCE NO. Belvedere Ave. Lakeland ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Dec 27 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1 yr.	2.	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm Frank.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto

12 MAIDEN NAME OF MOTHER Josephine McRunder

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country)

14 Informant Wm Frank.
(Address) Belvedere Ave Lakeland

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-12, 1926, to 2-16, 1926, that I last saw h in alive on 2-15-26, 19 ..... and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

1 Lobar Pneumonia
with empyema.

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 2-10-26

Was there an autopsy? No

What test confirmed diagnosis? Clin. Findings

(Signed) Horace Isbrel, M. D.

, 19 (Address) St. Agnes Hosp—

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb 18 1926

20 UNDERTAKER E Schumacher Son

ADDRESS, 939 Hanover

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07358

CERTIFICATE OF DEATH.

100-001

E 07358

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1835 S. Charles ST., 23-2 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elaine E Price

(a) RESIDENCE NO. 1835 S Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Infant.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 1, 1925

7 AGE — Years: 1 — Months: — Days: 1 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles J. Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Jenette Kyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant (Address) Jenette Kyle 1835 S Charles

15 Filed ..... 19 ..... Registrar

KPM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Feb 15, 1926, that I last saw h[illegible] alive on Feb 15, 1926 and that death occurred, on the date stated above, at 11-P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R K R Campbell M. D.

Feb 15, 1926 (Address) 6644 Harwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	Feb 18 1926
20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E. Fort Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07359 E 07359

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Gordon & Clarkdale Ave 40-1 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William T. Brooks.

(a) RESIDENCE No. Gordon & Clarkdale ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa E. Brooks.

6 DATE OF BIRTH (month, day, and year): Feb. 4 1852.

7 AGE: Years 74 | Months | Days 15. | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman O & B

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer: American Tube

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Don't know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Rosa E. Brooks

(Address): Gordon & Clarkdale Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 16. 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 5. 19 26, to Feb 16. 19 26, that I last saw h alive on Feb 15. 19 26, and that death occurred, on the date stated above, at 4 4: m.

The CAUSE OF DEATH* was as follows: Uraemic Coma

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

2-16, 19 26 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Feb 17 1926

20 UNDERTAKER: A. Howard Evans ADDRESS: 38 E. Fort Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 07360

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07360

CERTIFICATE OF DEATH.

8-2 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1702 N. Bond ST.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Edward Burck

(a) RESIDENCE NO. 1702 N. Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred About 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lulu V. Johnson

6 DATE OF BIRTH (month, day, and year) Do not know

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	50	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Designer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Liberty Mfg. Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry A. Burck

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Nauman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant (Address) Mrs. Lulu V. Burck 1702 N. Bond Street

15 Filed ..., 19... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926 to Feb 15, 1926

that I last saw him alive on Feb 14 1926

and that death occurred, on the date stated above, at 12 45 m.

The CAUSE OF DEATH* was as follows:

Dilatation of heart

(duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ... yrs. 2 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John W. Anderson, M. D.

, 19 (Address) 1714 N. Carolina Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 2/18, 1926

20 UNDERTAKER Henry W. Spears & Son

ADDRESS 805 N. Calvert

Spec.—1-10-21—MAT—1000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07361 E 07361

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 23 WARD)

2-FULL NAME Stewart Nixon

(a) RESIDENCE NO. 2110 Boyd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 7 - 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Stewart Nixon

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Vesta Counsellman

13 BIRTHPLACE OF MOTHER (city or town) Balt. (State or country) Md

14 Informant Stewart Nixon Sr. (Address) 2110 Boyd St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1926, to Feb 17, 1926, that I last saw him alive on Feb 17, 1926, and that death occurred, on the date stated above, at 5:00 a m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) — yrs. — mos 4 (?) ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) B McGowan M. D.

2/17/1926 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL Feb. 17 1926

20 UNDERTAKER George L. Ashworth ADDRESS 201 Park Ave.

Spec.—1-12-23—M&T—500 Blks.

E 07362

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07362

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1623 Friendsbury ST. 15-12 WARD)

REGISTERED NO. 74 801

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Catherine Myers

(a) RESIDENCE No. 1623 Friendsbury ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jesse S. Myers

6 DATE OF BIRTH (month, day, and year) June 24 1831

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Near Westminster (State or country) Carroll Co. Md

PARENTS

10 NAME OF FATHER Henry Diffenbaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Ida Minner (Address) 1623 Friendsbury St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 17 . 19 25 . to Feby 14 . 19 26 .

that I last saw h[illegible] alive on Feby 11 . 19 26 ,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. R. Brewer, M. D.

. 19 (Address) 1817 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Feby 18 1926

20 UNDERTAKER Chas. G. Black 742 ell. North Ave — ADDRESS

Spec.—6-9-19—H. P. Co.—1000 Hks.

E 07363

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07363

CERTIFICATE OF DEATH.

96

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 W Lanvale ST.; 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Roe

(a) RESIDENCE. NO. 1132 Lanvale ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Roe

6 DATE OF BIRTH (month, day, and year) Unknown 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Manchester, Va

PARENTS

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) ~~James Smith~~ (State or country) Va

12 MAIDEN NAME OF MOTHER Mary F. Coy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Flora Pinderhughes
(Address) 1132 W. Lanvale

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Feb. 15, 1926, that I last saw h alive on Feb 14, 1926, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Norwood, M. D.

Feb 15 1926, 19 (Address) 984 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Feb. 18, 1926

20 UNDERTAKER Mrs. Kate R. Williams

ADDRESS 32 N. Schroeder St

1926 C. HARRISON JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07364

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-E 07364

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

Registered No. 13-5

City of BALTIMORE: (No. Bay View Asylum St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. August Hausman

(a) Residence No. 2606 Stevens Court St., Ward,

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where he died: yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1895.

7-AGE. 31 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). 040

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. Michael Hausman

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant). Hospital Records

(Address). Balt. City Hospitals

15-

Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 15-1926

17- I HEREBY CERTIFY, That I attended deceased from 12-31- 1926 to Feb 15 1926.

that I last saw him alive on Feb 15 1926

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Infectious Arthritis

of Unknown Etiology

(Duration) yrs. Few months.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What (co)firmed diagnosis?

(Signed) M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral

DATE OF BURIAL. Feb 18 1926

20-UNDERTAKER. Margaret E. Flynn

ADDRESS. 1417 Fright

C. Harrison Jones, M.D.

1025 Par.

Cor.—12-9-25—A Co.—200 Hkn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07365

CERTIFICATE OF DEATH.

74-001

E 07365

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3113 Berkshire Rd 27-13 Ward)

2-FULL NAME Harry B. Rosenbauer

(a) RESIDENCE NO. 3113 Berkshire Rd St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Apr 8/1905

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): United Railways

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER: Bruno Rosenbauer

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Austria

12 MAIDEN NAME OF MOTHER: Margaret Vollbracht

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto. Md

14 Informant: Bruno Rosenbauer

(Address): 3113 Berkshire Rd.

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 16/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cerebral Hemorrhage

(Cause undetermined)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Weber, M. D. (Coroner)

2/17/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

Date of Burial: Feb 19 1926

20 UNDERTAKER: E. Schloman & Son

ADDRESS 1534 Hanover St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07366 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07366

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1737 Cole St. 14-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Frank Bruner

(a) Residence No.... 1737 Cole St., ... Ward Frederick Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) July 20-1854

7-AGE, 71 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

9-BIRTHPLACE (city or town) Frederick (State or Country), Md

PARENTS.

10-NAME OF FATHER, Louis Bruner

11-BIRTHPLACE OF FATHER (city or town) Frederick (State or Country), Md

12-MAIDEN NAME OF MOTHER, Anna Rebecca

13-BIRTHPLACE OF MOTHER (city or town) Frederick (State or Country), Md

11- (Informant) Wm. B Jones

(Address) Frederick Md

15- Filed....., 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 16-26.

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15 1926 to Feb 16, 1926 that I last saw h.. alive on Feb 15, 1926 and that death occurred, on the date stated above, at 10C m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic
Mitral regurgitation
(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis
(Duration) 7 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Myocarditis examination

(Signed) J. J. Hanna, M. D.

1-19. 1926 (Address) 1822 W Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Frederick Md — DATE OF BURIAL, Feb 19, 1926

20-UNDERTAKER, Harry Shirtzke — ADDRESS 15-3120 Loudon Ave

Spec. 447 M&T 1500 Bks.

188 447

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07367

CERTIFICATE OF DEATH.

E 07367

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 99

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 7-1 WARD)

2-FULL NAME Lydia - Green

(a) RESIDENCE NO. 520 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Abraham Copsel

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Rachael Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

RPW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1926, to Feb. 17th, 1926.

that I last saw her alive on Feb. 17th 1926,

and that death occurred, on the date stated above, at 3.00 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) 30 minutes yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodbury New Jersey	Feb. 17 1926
20 UNDERTAKER	ADDRESS
Wm. A. Black	927 N. Broadway

S. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 07368 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07368

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard + Greene St., 7-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Driscoll

(a) RESIDENCE No. 3013 E Monument ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Frank Driscoll

6 DATE OF BIRTH (month, day, and year) — 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
24 yrs				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Frances Driscoll
(Address) 3013 E. Monument St

15 Filed . . . . 19 . . . . Registrar

1926 C. HARRISON JONES, M. D.

RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14/26 19

17

I HEREBY CERTIFY, That I attended deceased from 2/13/26, 19, to 2/14, 1926, that I last saw h alive on 2/14 1926, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Jacksonian Epilepsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical-Laboratory

(Signed) M. Byerly, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Feb 18 1926

20 UNDERTAKER H. C. Wiedefeld 914 Drum Pl — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

Hoffman

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 07369

CERTIFICATE OF DEATH.

23-2

E 07369

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Patapsco ST. WARD)

2-FULL NAME John H. Hoffman

(a) RESIDENCE NO. 1720 Patapsco ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 6 - 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
79	80	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Coal

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Do not Know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not Know

12 MAIDEN NAME OF MOTHER Do not Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not Know.

14 Informant John H. Hoffman
(Address) 1720 Patapsco

15 Filed ..... 19 .....
Registrar

RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 15, 1926,
that I last saw h~~e~~ alive on Jan 14, 1926
and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. K. Campbell M. D.

Feb 17, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. Co.

DATE OF BURIAL 2/18/26

20 UNDERTAKER Wesley Evans.

ADDRESS 1318 Light St

CHAMPSON JONES, M.D.

FEB 18 1926

Spec.—1-10-21—M&T—1500 Blks. Wheaton 4239 York Rd. Dr Potter

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07370

CERTIFICATE OF DEATH.

90 V

E 07370

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4311 York Road ST. 27-9 WARD)

2-FULL NAME William H. Hayhart

(a) RESIDENCE No. 4311 York Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Isabel W.

6 DATE OF BIRTH (month, day, and year) July 14-1868

7 AGE: Years 57 Months 7 Days 11 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Motorman 078

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: United Railways

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Chas Hayhart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Isabel Hayhart

(Address) 4311 York Road

15 Filed ..., 19 ... Registrar

FEB 1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 19 26, to Feb 15, 19 26,

that I last saw him alive on Feb 15, 19 26,

and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Wheaton, M. D.

, 19 (Address) 4309 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: 2/18 1926

20 UNDERTAKER: William Cook

ADDRESS: 502 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07371

101-001

E 07371

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3800 Edgerton Road ST. 15-2 WARD)

2-FULL NAME Mrs Helen Cole

(a) RESIDENCE NO. 3800 Edgerton Road ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Cole

6 DATE OF BIRTH (month, day, and year) Oct 4, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	63	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John S Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Flury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Md

14 Informant Robert Cole (Address) 3800 Edgerton Road

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1926, to Feb. 16, 1926, that I last saw her alive on Feb. 16, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Cookskilling, M. D.

Feb 16 1926 (Address) 1120 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Feb 18 1926

20 UNDERTAKER Wm Cook — ADDRESS 722 E North Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07372

CERTIFICATE OF DEATH.

66 E 07372

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Leadenhall St. ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Flood.(C)

(a) RESIDENCE NO. 923 Leadenhall St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married.

5a If married, widowed, or divorced HUSBAND of [illegible] Married.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Pearl Flood.(C) wife.
(Address) 922 Leadenhall St.

15 Filed ....., 192 ..... Registrar

FEB 1926 C. HARPER JONES, M.D.

RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Pennhardt, M. D.
(Coroner.)

Feb. 17, 1926 (Address) 1017 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Hope C.F.	Feb 17-1926
20 UNDERTAKER J. L. Brown & Son	ADDRESS 1001 N. Monty St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07373 | CERTIFICATE OF DEATH. | 90 E 07373

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 4136 Falls Road WARD) 32

2-FULL NAME Nancy M Steigerwald

(a) RESIDENCE NO. 4136 Falls Road WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or Divorced, (write the word)
Fr	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of John Steigerwald

6 DATE OF BIRTH (month, day, and year) March 9 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	82	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retird

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Pa

PARENTS

10 NAME OF FATHER Wm Harris

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Pa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Unknown

14 Informant (Address) Maggie Powell 4136 Falls Road

15 Filed ..... 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1926 to Feb 16 1926.

that I last saw h alive on Feb 16 1926,

and that death occurred, on the date stated above, at 930 Am.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia
Arteriosclerosis
Senility (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C F Hodges M. D.

2-16 1926 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden | DATE OF BURIAL Feb 18 1926

20 UNDERTAKER Chenoweth & Son | ADDRESS 3617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07374

CERTIFICATE OF DEATH.

3 1 E 07374

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 E. Baltimore St., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isidore Hightower

(a) RESIDENCE NO. 1609 E. Balto St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	M	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Hightower

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dresser

(b) General nature of industry, business, or establishment in which employed (or employer) Tailoring Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Ellis Hightower

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sarah Hightower (Address) 1609 E. Balto St

15 Filed ..., 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17 1926

17

I HEREBY CERTIFY, That I attended deceased from March 24, 1925, to Feb. 14th, 1926.

that I last saw him alive on Feb. 14th, 1926.

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(duration) ? yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Samuel Snyder, M. D.

, 19 (Address) 1634 E Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mortimer Cem	2/18 19 26
20 UNDERTAKER	ADDRESS
Jack Lewis	434 E Balto St

2-18-1926 HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07375

CERTIFICATE OF DEATH.

129 E 07375

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 15-12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Freedman

(a) RESIDENCE NO. 2100 Westwood Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 12, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate broker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Harris Freedman

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Anna Lief

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Patient (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and ye) Feb 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926, to Feb. 17, 1926, that I last saw him alive on Feb 16, 1926, and that death occurred, on the date stated above, at 8 15 A m.

The CAUSE OF DEATH* was as follows:

Uraemic coma.

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? Blood Chem.

(Signed) Irvine M. Flinn Jr., M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mark Rd — DATE OF BURIAL 2-18 1926

20 UNDERTAKER Jack Levy 1429 — ADDRESS Eloise Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07376

CERTIFICATE OF DEATH.

E 07376

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-1 WARD)

2-FULL NAME Richard L Waters

(a) RESIDENCE No. Gambrills Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 13 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55		5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Employee of War

(b) General nature of industry, business, or establishment in which employed (or employer) Department 009

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Richard L Waters

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Annie Hobbs

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Frederick Md

14 Informant Sarah A Waters
(Address) Gamble Station A & B Md

15 Filed ..... 19 .....

FEB 18 1926 HAMPSON GROSS, M. D.

K R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 5, 1926, to Feb 11, 1926,

that I last saw h[illegible] alive on Feb 17, 1926,

and that death occurred, on the date stated above, at 5 30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach. Acute gastric Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Toxemia ; anemia.

Two weeks (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical examination.

(Signed) Knight Leopold, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gamble Station A & B Cem

DATE OF BURIAL Feb 20 1926

20 UNDERTAKER George J Smith

ADDRESS 1[illegible] Hollins St

Spec.—1-10-21—M&T—1500 Blks.

Mamie Sewals or Swails

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07377

100-801

E 07377

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Kayner and Durkeland ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Sewals

(a) RESIDENCE NO. 512 N. Bradford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colord

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: George Sewals

6 DATE OF BIRTH (month, day, and year): unknown 1890

7 AGE: Years 36 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Mary Co

PARENTS

10 NAME OF FATHER: Wallace Holly

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Mary Co

12 MAIDEN NAME OF MOTHER: rachel Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Mary Co

14 Informant (Address): George Sewals 512 N Bradford St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/15 1926

17

I HEREBY CERTIFY, That I attended deceased from 2/15/26, 19 . to 2/15 , 1926.

that I last saw h alive on 2/15 , 1926

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) C. Maverity , M. D.

, 19 (Address) U. S. P. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery

DATE OF BURIAL: Feb 19 1926

20 UNDERTAKER: Milton Davis 316

ADDRESS: N Eden St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07378

CERTIFICATE OF DEATH.

E 07378

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 Francis St. 13-5 WARD) 129

2-FULL NAME John L Snyder

(a) RESIDENCE NO. 2412 Francis ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Snyder

6 DATE OF BIRTH (month, day, and year): Oct 14 1859

7 AGE: Years 66 Months 4 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Michael Snyder

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Baumgartner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Elizabeth Snyder (Address) 2412 Francis St

15 Filed 1 8 1926 By C. HAMPSON JONES, M. D. Registrar Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7 1925 to Feb. 16 1926.

that I last saw alive on Feb 12 1926

and that death occurred, on the date stated above, at 12:10 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular disease of Heart

a Nephritis 3

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gunshot wound of Abdomen

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) R L Sams, M. D.

(Address) 6222 Wabash Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: 2/18/26

20 UNDERTAKER: Geo. A. Farley Fulton

ADDRESS: Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 07379

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-006 E 07379

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1401 Dunsan St. ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Rau

(a) RESIDENCE NO. St. Vincents Inf. Asyl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1924

7 AGE: Years 1 Months 9 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) unknown
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Feb. 14, 1926, that I last saw her alive on Feb. 14, 1926, and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. one mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert Jaffe M. D.

, 19 (Address) 2028 E. Fairmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant St Vincents Inf Asyl
(Address) Lafayette & Bruce Sts

15 Filed B 1 8 1926 Per L. THAMPSON JONES, M. D. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

20 UNDERTAKER Spartan Fahey Co

DATE OF BURIAL Feb 18 1926

ADDRESS 1721 Monument Ave

Spec.—1-10-21—M&T—1500 Blks.

Thayer.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07380 E 07380

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital 12-4 49 REGISTERED NO. .....

CITY OF BALTIMORE: (No. [redacted] ST., 12 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME [redacted] Gustavus Thayer.

(a) RESIDENCE No. 3138 Abell ave Balto Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE W. | 5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word) Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mary E. Thayer

6 DATE OF BIRTH (month, day, and year) Sept 19 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	71	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Credit Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas Thayer

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Louisa Packard

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Mary E. Thayer (Address) 3138 Abell Ave

15 Filed 1 8 1926 Per [illegible] C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-1926

17 I HEREBY CERTIFY, That I attended deceased from 2-17-1926 to 2-17-1926, that I last saw him alive on 2-17-1926, and that death occurred, on the date stated above, at 12 55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of (Bladder) (Cancer)
Contributory.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W. Bruce M.D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Feb 20 1926

20 UNDERTAKER Robt Turner Inc

ADDRESS W. Fay

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07381 11-001 E 07381

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2508 Oak (St.) 12-2 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roger Johnson

(a) RESIDENCE NO. 2508 Oak ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): May 21 1925

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ... min.
—	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Charles Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Booker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Charles Johnson

(Address) 2508 Oak St

15 Filed FEB 18 1926

C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 16th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 5, 1926, to Feb 16, 1926, that I last saw him alive on Feb 15th, 1926, and that death occurred, on the date stated above, at 2.40 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia.

(duration) — yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) La-Grippe

(duration) ... yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of no

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) Harry F Brown, M. D.

, 19 (Address) 1916 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL 2/18 1926

20 UNDERTAKER: Samuel W Insley

ADDRESS 528 N Bdle

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07382

CERTIFICATE OF DEATH.

40 E 07382

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 1042 Argyle Ave ST., 17-1 WARD)

2-FULL NAME William H. Coleman

(a) RESIDENCE NO. 1042 Argyle Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie Coleman

6 DATE OF BIRTH (month, day, and year): Sept 3 1870

7 AGE: Years 50 Months 5 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer): 074

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John A Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lockwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Susan Coleman

(Address) 1042 Argyle Ave

15 Filed ..... 19 ..... Registrar .....

C. HAMPSON JONES, M. D.

JAN 18 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1925 to Feb 16 1926.

that I last saw him alive on Feb 16 1926

and that death occurred, on the date stated above, at 5.15 P.M.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... M. D.

19 (Address) 16 S George

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 1-20 1926

20 UNDERTAKER: Saml D Hemsley

ADDRESS: Baltimore

Spec.—1-10-21—M&T—1500 Bks.

Funari

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07383

CERTIFICATE OF DEATH.

E 07383

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (ST.) (WARD)

2-FULL NAME Rosa Funari

(a) RESIDENCE NO. 615 S. 12th ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female white

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word): single

5 If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 5/24

7 AGE: Years 1 Months 8 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto County (State or country) Md

PARENTS

10 NAME OF FATHER Sam Funari

11 BIRTHPLACE OF FATHER (city or town) Italy (State or country)

12 MAIDEN NAME OF MOTHER Adelgesa Fillo

13 BIRTHPLACE OF MOTHER (city or town) [illegible] (State or country)

14 Informant Parents (Address) 615 S. 12th

Filed 8 1926, 19 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1926, to Feb 17, 1926, that I last saw her alive on Feb 17, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Scarlet fever

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 3-4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

2/18/26 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: Feb. 18 1926

20 UNDERTAKER: Lilly and Zile ADDRESS: 403 S. Wolfe

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07384

100-001

E 07384

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1818 N. Broadway St., 8-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John P. Reddington Jr.

(a) RESIDENCE NO. 1818 N. Broadway St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 3/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Oct 30/25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER John P. Reddington

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Margaret Shray

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Margaret Reddington

(Address) 1818 N. Broadway

15 Filed. 2 18 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia

Primary

(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. H. Cullen M. D.

(Coroner)

2/17/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial Feb 18 1926

20 UNDERTAKER J. C. Windfield ADDRESS 914 Greenmt Ave

Cor.—1-12-23—M&T—100 Bks.

E 07385

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 07385

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert St ST., 9-1 WARD)

2-FULL NAME George Rigler Stigile

(a) RESIDENCE NO 606 E Forty first ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower of Mary E.

6 DATE OF BIRTH (month, day, and year) 9-30-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	5 4	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer U.W. Co.

BIRTHPLACE (city or town) Philadelphia Pa
(State or country)

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known
(State or country)

12 MAIDEN NAME OF MOTHER Rigler (Mary)

13 BIRTHPLACE OF MOTHER (city or town) Not Known
(State or country)

Informant .....
(Address) .....

Filed 3-1-1926 C. HAMPSON JONES, M. D.
Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... , M. D.
(Coroner.)

Feb. 17, 1926 (Address) Hebron Md

(*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) 6 minutes

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Feb 20 1926

20 UNDERTAKER Henry W. Jenkins & Sons Co — ADDRESS Orchard and Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07386

CERTIFICATE OF DEATH.

90 E 07386

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Division ST. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pattie L. Owen

(Residence in Baltimore: No. 1206 Division St.; 2 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1862 (Year)

7-AGE, 64 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Petersburg Va

PARENTS.

10-NAME OF FATHER, J. M. McFarley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. D. Owen

(Address) Wakefield Va.

15-

Filed....., 191.....

C. HAMPSON JONES, M. D.

Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 17, 1926
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mch. 1 1925, to Feb. 17 1926, that I saw her alive on Feb. 15 1926, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH was as follows:

Mitral Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 2 mos. ds.

(Signed) A. H. Hughes M. D.

(Address) 1413 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wakefield Sussex Co Va — DATE OF BURIAL, Feb. 19, 1926

20-UNDERTAKER John H. Toadvine — ADDRESS 1027 Hammond Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07387

CERTIFICATE OF DEATH.

12-9 E 07387

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1456 Riverside Ave. St.: 24-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Laumann

(a) RESIDENCE. No. 1458 Riverside Ave. St.. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Laumann Sr.

6 DATE OF BIRTH (month, day, and year) June 30th 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jacob Dannenfelser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mildred Spriemann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Adam Laumann Sr.

(Address) 1458 Riverside Ave.

15 Filed FEB 18 1926, 19 C. HAMPSON JONES, M. D. Registrar

per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Feb 16, 1926, that I last saw h[er] alive on Feb 16, 1926, and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) — Chronic Bright's Disease

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mihelich M. D.

2/17 1926 (Address) 1209 Hillman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz's Cemetery	2/19 1926

20 UNDERTAKER E. J. Fanning Son — ADDRESS 1460 Battery Ave

Spec.—1-10-21—M&T—1500 Bks.

E 07388

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07388

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Dipple Ave ST., Gardenville 76 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman W. Puhl

(a) RESIDENCE NO. 718 Dipple Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A Puhl

6 DATE OF BIRTH (month, day, and year) Dec 8 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	52	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cutter 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Herman W Puhl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Kuss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret A Puhl

(Address) 718 Dipple Ave

Filed FEB 18 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16/26

17 I HEREBY CERTIFY, That I attended deceased from January 11 1926 to February 16 1926 that I last saw him alive on February 16 1926 and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos 1 hour.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Allan Rosenberg M. D.

2/17 1926 (Address) 2027 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 2/19/26

20 UNDERTAKER John Morris

ADDRESS 2008 Orleans

Spec.—1-10-21—M&T—1500 Blks.

E 07389 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07389

100

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N Dallas St. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Jackson

(a) RESIDENCE NO. 107 N Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Thomas Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1926, to Feb 16, 1926, that I last saw h alive on Feb, 1926, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Uremic Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted ? if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Bernard Harris, M. D.

, 19 (Address) 806 Courtland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Adella Simmonds (Address) 107 N Dallas

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

16 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemetery

DATE OF BURIAL feb 20 1926

20 UNDERTAKER Edward Bryan

ADDRESS 1631 orleans st

B 18 1926

Spec—12-23-21—E.B.R.S.—400 Blks.

E 07390 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07390

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 900 N. Eden St., 10-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Buschman

(a) Residence No. 900 N. Eden St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Margaret Buschman

6-DATE OF BIRTH (month, day and year) Oct 3 1862

7-AGE. 63 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)..... 07

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country). Baltimore Md.

PARENTS

10-NAME OF FATHER. Francis Buschman

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Martha Balz

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country). Germany

14-

(Informant) Margaret Buschman

(Address) 900 N. Eden St

15-

Filed..... C. HAMPSON JONES, M. D., Registrar.

1 8 1926 Per RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 17 th 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1926 to Feb 17 1926

that I last saw h[illegible] alive on Feb 16 1926

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Jaw

duration

.....(Duration)..... yrs..... mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

.....(Duration)..... yrs..... mos. 5 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) C. H. Jones M. D

Feb 17 1926 (Address) 817 Dulaney

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lauden Park Cem	Feb 19 1926
20-UNDERTAKER. Frank H. Fink	ADDRESS 915 N. Gay St

Spec.—1-10-21—M&T—1500 Blks.

E 07391

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07391

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 E. Balto St. ST. 3-1 WARD)

2-FULL NAME Samuel Kreido

(a) RESIDENCE No. 1103 E. Balto St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Kreido

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Bessie Kreido

(Address) 1103 E. Balto St

15 Filed Feb 18 1926 19 Per C. HAMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 12th, 1926, to Feb 17th, 1926, that I last saw him alive on Feb 17th, 1926, and that death occurred, on the ~~date stated above~~, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & laboratory findings

(Signed) Harry H. Kerlin M. D.

Feb 18th 1926 (Address) 7323 Calhoun Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave DATE OF BURIAL 2/18 1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 E. Balto St

Spec.—1-12-23—M&T—500 Bks.

E 07392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 07392

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Lansdowne ST. 6-2 WARD)

2-FULL NAME Kate Wilmore

(a) RESIDENCE NO. 1907 Lansdowne ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Edmund Wilmore

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Minnie Hardy 1907 Lansdowne st

FEB 18 1926

THOMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 26, 1926, to Feb 17, 1926, that I last saw h w alive on Feb 16, 1926, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(duration) ... yrs. 1 mos ... ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Clyde Burns, M. D.

Feb 17 1926 (Address) 207 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Funeral

DATE OF BURIAL: Feb 18 1926

20 UNDERTAKER: Harry Easton

ADDRESS 516 Park

Spec. 1-10-21 M&J 1500 Blks.

E 07393

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 07393

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals 15-13 REGISTERED NO. .....

CITY OF BALTIMORE: (No.) Bay View Asylum ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Parker

(a) RESIDENCE No. 1426 School Street ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where Hookstown 45 yrs 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	45 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co. (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland Balt Co.

12 MAIDEN NAME OF MOTHER Annie - ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland Balt Co.

14 Informant Baltimore City Hospitals (Address) Hospital Records

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

1 8 1926 Per ....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 23 1926, to Feb 15 1926, that I last saw her alive on Feb 15 1926, and that death occurred, on the date stated above, at 8 46 A m.

The CAUSE OF DEATH* was as follows:

Advanced Carcinoma of Stomach (Duration unknown)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab Tests

(Signed) Fra. J. Champe, Jr. M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lemington Grove Md DATE OF BURIAL Feb 18/1926

20 UNDERTAKER Hamel Eaton ADDRESS 916 Pa ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07394

CERTIFICATE OF DEATH.

44 E 07394

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Shields Pl. ST. 17-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Booze Parker

(a) RESIDENCE. No. 904 Shields Pl. ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John T. Parker

6 DATE OF BIRTH (month, day, and year) Jan - 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) House work

(c) Name of employer Mr Stewart Olivia

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER Jos. Booze

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Priscilla Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md

14 Informant John T. Parker

(Address) 904 Shields Pl.

15 Filed Feb 16 1926 C. HAMPSON JONES, M. D. Registrar

BT 8 1926 per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 - 1926, to Feb 15 - 1926, that I last saw h— alive on Feb 15 - 1926, and that death occurred, on the date stated above, at 3 40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver -

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) none known

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Chas. J. Keller, M. D.

(Address) 222 Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Hope Cem Calvert Co	Feb 14 1926
20 UNDERTAKER	ADDRESS
Davis Easton	Bayne

Spec.—1-10-21—M&T—1500 Bks.

E 07395

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07395

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 Parish ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathaniel Ross

(a) RESIDENCE No. 1224 Parish ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10/1924

7 AGE — Years: 1 — Months: 2 3 — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) & (State or country): Balto

PARENTS

10 NAME OF FATHER: James Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Katie Lang Calvert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): O Md

14 Informant (Address): 1224 Parish — Mother

15 Filed 1926 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16 19 26

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 19 26, to Feb 15, 19 26,

that I last saw him alive on Feb 15, 19 26

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? No Medical

What test confirmed diagnosis?

(Signed) J. H. Calvert Jr., M. D.

19 (Address) 1636 Ashland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Feb 18/1926

20 UNDERTAKER: David Easton

ADDRESS 916 Pa ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07396

CERTIFICATE OF DEATH.

89

E 07396

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 S. 16th St., 26-7 WARD)

2-FULL NAME Mary C. Schmidt

(a) RESIDENCE NO. 1301 S. 16th ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Schmidt

6 DATE OF BIRTH (month, day, and year) Jan. 28- 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	64	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md

PARENTS

10 NAME OF FATHER Charles Flaudung

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eichmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Schmidt (Address) 1301 S. 16th St.

15 Filed FEB 18 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to Feb 17, 1926, that I last saw h~~er~~ alive on Feb 16, 1926 and that death occurred, on the date stated above, at 7.50 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ~~Yrs.~~ Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace Z Tilson, M. D.

2/17, 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL Feb. 20 1926

20 UNDERTAKER Zirkler + Zirkler — ADDRESS 1739 E. Eager

FROM A very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

07397

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07397

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 424 N. Gilmore St. 19-1 Ward) 129

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Daniel Scott

(a) Residence No. 424 N. Gilmore St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Scott

6-DATE OF BIRTH (month, day and year) Nov. 14 1855

7-AGE, 70 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Mechanic 086

(b) General nature of industry, business, or establishment in which employed (or employer) Auto Builder

(c) Name of employer... Himself

9-BIRTHPLACE (city or town) (State or Country), Howard Co. Md.

PARENTS.

10-NAME OF FATHER, Levi Scott

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Howard Co. Md.

12-MAIDEN NAME OF MOTHER, Sarah Scott

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Howard Co. Md.

14-

(Informant) Geo. Wilson

(Address) 424 N. Gilmore St

15-

Filed 1 8 1926 Per

G. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-11-26

17- I HEREBY CERTIFY, That I attended deceased from 12-20, 1925, to 1-11, 1926 that I last saw him alive on 1-5, 1926 and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronical Interst. Nephritis

Chronic Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Non clinical

(Signed) W. Magee Williams M. D.

1-11-1926 (Address) 1850 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. 1/21/ 1926

20-UNDERTAKER. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

E 07398 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07398

CERTIFICATE OF DEATH.

1295

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1681 Darley Ave St. 8-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia D. A. Hundertmark.

(a) RESIDENCE NO. 1681 Darley Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Hundertmark

6 DATE OF BIRTH (month, day, and year) 1-17-1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Fritz Grohne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Gerda Kahler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. John Hofaas Jr

(Address) 1681 Darley Ave

Filed 8 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 6th 1925 to Feb 17th 1926

that I last saw her alive on Feb 17 1926

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis.

(duration) yrs. 4 mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? ? Date of ?

Was there an autopsy? No + Chemical

What test confirmed diagnosis? Microscopical

(Signed) Clarence Horn, M. D.

19 (Address) 2808 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Park Cem

DATE OF BURIAL 2-20 1926

20 UNDERTAKER Mrs. Chas A. G. Rohde

ADDRESS 600 N Arlington Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07399

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James McGaff

(a) RESIDENCE No. 919 McCulloh st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER ? McGaff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14

Informant Hospital Records

(Address)

15

8 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 19 26

17

I HEREBY CERTIFY, That I attended deceased from Feb. 11, 19 26, to Feb. 15, 19 26,

that I last saw him alive on Feb. 15, 19 26,

and that death occurred, on the date stated above, at 5.50 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

2-15-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07400 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07400

11-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3316 Morley Ave St., 20-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melva May Cox

(a) Residence No. 3316 Morley Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6-DATE OF BIRTH (month, day and year): Feb 26 1921

7-AGE: 4 yrs. 11 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: William E Cox

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Charles Co. Md

12-MAIDEN NAME OF MOTHER: Mary Tomax

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Charles Co Md

14-

(Informant): William E Cox

(Address): 3316 Morley Ave

15-

Dec 8 1926 C. HAMPSON JONES, M. D. Registrar.

By [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 17-26

17- I HEREBY CERTIFY, That I attended deceased from Feb 6, 19 26, to Feb 17, 19 26

that I last saw her alive on Feb 17, 19 26,

and that death occurred, on the date stated above, at 4 30 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Influenza (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E Cox, M. D.

, 19 (Address) 1500 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Stephensville Anne Co Md — DATE OF BURIAL: Feb 18, 19 26

20-UNDERTAKER: W J Tuckerton Sons — ADDRESS: N. Y & Pa

Spec.—1-12-23—M&T—500 Bks.

E 07401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07401

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hosp. (St.) 27-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Hulda Schwab 89 Matfelett Ave

(a) RESIDENCE NO. Mt. Washington, Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 1 mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Schwab

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do " "

14 Informant Walter Schwab (Address) Mt. Washington Md

15 81926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-1926

17 I HEREBY CERTIFY, That I attended deceased from 1-28, 1926, to 2-17, 1926, that I last saw h[illegible] alive on 2-17, 1926, and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis with Hypertension —

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia and Convulsions

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical findings

(Signed) Gerald Stowell, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Feb 19 26

20 UNDERTAKER A. J. Marshall ADDRESS 3539 Fallsway

Spec.—1-10-21—M&T—1500 Bk.

E 07402

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07402

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq Hospital

REGISTERED NO. 74

CITY OF BALTIMORE: (NO. 17-3 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. James C Mills

(a) RESIDENCE NO. 2436 Guilford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Pauline T Miller

6 DATE OF BIRTH (month, day, and year) Nov 8 - 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) 042

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James T Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Pauline T Miller (Address) 2436 Guilford Ave

15 Filed 8 1926 19 C. HAMPSON JONES, M. D. Registrar

Per R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/12 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/12, 19 26, to 8/12, 19 26.

that I last saw h[illegible] alive on 8/12, 19 26.

and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jesse Lupton M. D.

8/12, 19 26 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 8, 13, 1926

20 UNDERTAKER Joseph Syfer

ADDRESS 1600 W Balt

TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07403 E 07403

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 515 E. Lilburn ST. 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C. Schegat

(a) RESIDENCE NO. 515 E Lilburn ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 18 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
		10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Butts Md

PARENTS

10 NAME OF FATHER Edgar W. Schegat

11 BIRTHPLACE OF FATHER (city or town) (State or country) Butts Md.

12 MAIDEN NAME OF MOTHER Ida Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Butts Md.

14 Informant Edgar W. Schegat (Address) 515 E. Lilburn St.

15 Filed 8 1926 C. HAMPSON JONES, M. D., Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926 to Feb 18, 1926 that I last saw h alive on Feb 18, 1926 and that death occurred, on the date stated above, at 7-20 A m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Broncho Penu

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. H. Campbell M. D.

Feb 18, 1926 (Address) 1644 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL Feb 19 1926

20 UNDERTAKER John F. Denny — ADDRESS 915 Lafayette Ave

Fold in very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 07404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07404

20-5 51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 N Monroe ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret McSharry

(a) RESIDENCE NO. 244 N Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm B McSharry

6 DATE OF BIRTH (month, day, and year): Sept 10 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5 11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Sommerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Laura Sauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Laura McCarthy

(Address): 244 N Monroe St

15 8 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 16th 19

17 I HEREBY CERTIFY, That I attended deceased from Jany 23 1926 to Feby 16 1926

that I last saw her alive on Feby 15 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Rheumatic Fever

(duration) yrs. mos. 23 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill M. D.

2/16, 1926 (Address) 108 N. Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Feby 19 1926

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 07405

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07405

CERTIFICATE OF DEATH.

74-081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4764 Park Heights Ave ST. 27-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helena HELENA Doenges

(a) RESIDENCE NO. 4764 Park Heights Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5-7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John K. Doenges

6 DATE OF BIRTH (month, day, and year): May 22 1868

7 AGE: Years 57 Months 8 Days 26. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto - Md

PARENTS

10 NAME OF FATHER: Christopher Heucke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mollie Hestack

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John K. Doenges

(Address) 4764 Park Heights ave

15 8 1926 C. HAMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 1926 to Feb 17 1926

that I last saw h alive on Feb 17 1926

and that death occurred, on the date stated above, at 2.20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmhage

(duration) yrs. 1 mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D Becker M.D.

(Address) 4754 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — DATE OF BURIAL: Feb 19 1926

20 UNDERTAKER: Mr. & Mrs. John W. Teufel & Son — ADDRESS: 801 W. Fayette

IMPORTANT—See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07406 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07406

CERTIFICATE OF DEATH.

16-5-47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2331 Calverton Heights Ave. ST., 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Kratz

(a) RESIDENCE No. 2331 Calverton Heights Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank T. Kratz

6 DATE OF BIRTH (month, day, and year): Oct. 19 1864

7 AGE — Years: 61 — Months: 3 — Days: 29 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Frantz, Md.

PARENTS

10 NAME OF FATHER: Conn Hayer

11 BIRTHPLACE OF FATHER (city or town) (State or country): York Co. Pa.

12 MAIDEN NAME OF MOTHER: Elizabeth Rothe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Frank T. Kratz

(Address) 2331 Calverton Heights Ave

15 Filed 8 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 17 19 26

17

I HEREBY CERTIFY, That I attended deceased from Jan. 27, 19 26, to Feb. 17, 19 26,

that I last saw her alive on Feb. 17, 19 26,

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. mos ds.

Pulmonary Edema

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July, 1925

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Cor Klessing, M. D.

19 (Address) 1120 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Feb. 20 1926

20 UNDERTAKER: Mr & Mrs John H. Rufe & Son — ADDRESS: 601 W. Fayette

THIS IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 07407

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07407

CERTIFICATE OF DEATH.

134

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST 16-6 WARD)

2-FULL NAME Rose Frances

(a) RESIDENCE NO. 1122 No Mount St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
abt 43	"	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) unknown

(c) Name of employer unknown

9 BIRTHPLACE (city or town) Lancaster Co. (State or country) Va.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mollie Lowe

(Address) 1021 Oak St.

15 Filed 1 8 1926 19 C. HAMPSON JONES, M. D. Registrar

Per R. C. P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1926, to Feb 17th, 1926,

that I last saw h[illegible] alive on Feb 16 1926

and that death occurred, on the date stated above, at 2 40 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fibroids - Indary anemia (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 15th

Was there an autopsy? no

What test confirmed diagnosis? Operation & Clinical Findings

(Signed) Chas D. Brunkow, M. D.

, 19 (Address) 1122 No Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL Feb 19th 1926

20 UNDERTAKER Katie Williams

ADDRESS 322 N. Broadway

Cor.—1-12-23—M&T—100 Blks.

E 07408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07408

CERTIFICATE OF DEATH.

170

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Light St. ST. 24-1 WARD)

2-FULL NAME William D. McKenney.

(a) RESIDENCE NO. 909 Light St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 8 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 8, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Can Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James McKenney.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia, Pa.

12 MAIDEN NAME OF MOTHER Annie M. Fardwell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Catherine French. (sister)
(Address) 909 Light St.

15 Feb 18 1926 C. HAMPSON JONES, M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 16, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pistol shot wound of the brain
shot in the mouth.
Suicide.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Feb. 17, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Feb 18 1926

20 UNDERTAKER John E. Denny — ADDRESS 715 Light St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07409

CERTIFICATE OF DEATH.

90 E 07409

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1211 St Matthews St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Giovanbattista Merendino

(a) RESIDENCE NO. 1211 St Matthews St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White ~~female~~	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Merendino

6 DATE OF BIRTH (month, day, and year) Dec 12/1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 609

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery Store

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Pietro Merendino

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Guiseppe Bommarito

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Giovanni Merendino

(Address) 920 Belair Rd

15 Filed C. HAMPSON JONES, M. D. Registrar

8 1926 Per Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Myocardial Insufficiency

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Jones, M. D.

(Coroner)

2/16/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Date of Burial 2/19 1926

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 07410 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 07410

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) 27-6 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Bessie Noel (small station in city)

(a) RESIDENCE NO. Cylburn, Roland Park (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Noel

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lawrance McFadden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Annie Rooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) John Noel Cylburn Roland Park

15 8 1926 C. HAMPSON JONES, M. D. Registrar

Per BPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-1926

17

I HEREBY CERTIFY, That I attended deceased from 2-17, 1926, to 2-17, 1926,

that I last saw her alive on 2-17, 1926,

and that death occurred, on the date stated above, at 6 55 p m.

The CAUSE OF DEATH* was as follows:

Edema pneumonia

Empyema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic heart

Edema of lungs (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2-11-26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 2044 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb. 20, 1926
20 UNDERTAKER E. Leroy Stiffler,	ADDRESS 125 E. North Ave,

FOR IMPORTANT INFORMATION SEE INSTRUCTIONS ON BACK OF CERTIFICATES.

Spec.—1-10-21—M&T—1500 Bks.

SHERIDAN

E 07411 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07411

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital REGISTERED NO. 12-3-44

CITY OF BALTIMORE: (No. Caroline & Oliver Sts. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Susie A. Sheridan

(a) RESIDENCE NO. 1502 W. 36th ST. ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Single

6 DATE OF BIRTH (month, day, and year) May 25-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER James Sheridan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Skinner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles M. Harkins (Address) 1901 Boone St.

15 Filed FEB 8 1926 19 C. HAMPSON JONES Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Feb. 16, 1926.

that I last saw h-r alive on Feb. 16, 1926,

and that death occurred, on the date stated above, at 10:05 p m.

The CAUSE OF DEATH* was as follows:

Cancer of Biliary Tract

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Yes Date of 1920

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Path.

(Signed) Arthur Rhodes, M. D.

Feb 17 1926 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Feb. 19 1926

20 UNDERTAKER Horace H. Burgee — ADDRESS 363 Hollo Road

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

07412

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-6 2

F. 07412

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Colorado Ave. Fuller 27-6 St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Cooper

(a) RESIDENCE No. 624 Colorado Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 8 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett V. Cooper

6 DATE OF BIRTH (month, day, and year) June 4-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 6 years

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Joshua Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mallie Greenwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Harriett V. Cooper

(Address) 624 Colorado Ave

15 Filed 1 8 1926 By C. HAMPSON JONES, M. D. Registrar

Per R. P. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16- 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 5th, 1926, to Feb 16th, 1926, that I last saw h. alive on Feb 16th, 1926 and that death occurred, on the date stated above, at 10 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia (with Complications)

4 hours duration

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At his home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) C. H. Jones, M. D.

, 19 (Address) 15 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden — DATE OF BURIAL Feb. 19 1926

20 UNDERTAKER Horace H. Burgee — ADDRESS 3631 Falls Rd.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 07413 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07413

101-081

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Kate Cole

(a) RESIDENCE NO. 1109 Edmondson Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~XXXXXXXXXX~~ Wm. H. Cole

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1848

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~XXXXX~~ None Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City of Baltimore Md.

PARENTS

10 NAME OF FATHER ~~XXXXXXXXX~~ Patrick Cassidy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane McCamby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. M. Laplanche (Address) 1109 Edmondson Ave

15 Filed 8-1926, 19 C. HAMPSON JONES, M. D. Registrar

Per RFH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-16, 1926, to 2-18, 1926,

that I last saw her alive on 2-18, 1926,

and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

* Lobar pneumonia

Chron. nephritis with hypertension

(duration) * yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Lab.* Phys. findings

(Signed) Harold Stowell, M. D.

, 19 (Address) 58 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Feb 20 19 26

20 UNDERTAKER: Joseph B. Cook — ADDRESS: 1205 W. Balto. St.

Spec.—1-10-21—M&T—1500 Blks.

E 07414

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07414

45

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland ST. 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Hollander

(a) RESIDENCE NO. 1923 Linden Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) July 16, 1854

7 AGE — Years: 71 — Months: 7 — Days: 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 66

(b) General nature of industry, business, or establishment in which employed (or employer): Salesman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Chas. Hollander

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Paulla Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. Sidney Hollander

(Address) 16 Talbot Road.

15 FILED 8 1926 C. HAMPSON JONES, M. D. Registrar

Per RSH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17 1926

17 I HEREBY CERTIFY, That I attended deceased from 1/17, 1926, to 2/17, 1926, that I last saw him alive on 2/17, 1926, and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of large intestine

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of April, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. Maready, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem.

DATE OF BURIAL: 2/19 1926

20 UNDERTAKER: Edward Sondheim

ADDRESS: 1710 W. Mt. Royal Ave

TION IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 07415 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07415

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1728 Montpelier St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Jacob Ruth Tucker

(a) Residence No. 1728 Montpelier St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~or Divorced~~, Widowed, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND ~~of (or) WIFE~~ of Sarah E. Tucker.

6-DATE OF BIRTH (month, day and year) Apl 1-1845

7-AGE. 80 yrs. 10 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Sub treasury

(c) Name of employer U.S. Government

9-BIRTHPLACE (city or town) (State or Country), Va.

PARENTS:

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Elmer R. Tucker

(Address) 1728 Montpelier St.

15- Filed ....., 192.. C. HAMPSON JONES, M. D. Registrar.

Per .....

1 81926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 16-26.

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1926 to Feby 16, 1926 that I last saw h~~er~~ alive on Feby 16 1926 and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Nasal mucus

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Senile debility

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. G. Davis, M. D.

, 19 (Address) 1504 N Carolina

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, 19
Baltimore Cemetery	Feb. 19 26
20-UNDERTAKER.	ADDRESS
Wyeth Jones Jr	411 N. Broadway

Instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07416

CERTIFICATE OF DEATH.

101-001

E 07416

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2221 Eutaw Place St.) (Ward) 136

2-FULL NAME Katherine Steinkamp

(a) RESIDENCE NO. 2221 Eutaw Place St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug. 15th 1862

7 AGE — Years: 63 | Months: 6 | Days: 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer: 0

9 BIRTHPLACE (city or town): —

(State or country): Germany

PARENTS

10 NAME OF FATHER: Anton Steinkamp

11 BIRTHPLACE OF FATHER (city or town): —

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): —

(State or country): "

14 Informant (Address): Margaret Steinkamp 2221 Eutaw Place

Filed FEB 18 1926

C. HAMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Feby. 16 - 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/11, 1926, to 2/16, 1926, that I last saw h[e]r alive on 2/16, 1926, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary): Chr Bronchitis Asthma Nephritis

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Emma E. Nagel, M. D.

2/17, 1926 (Address) The Eglantine

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Feb. 19, 1926

20 UNDERTAKER: Geo M. Finch & Son — ADDRESS: 5111 W. Lafayette

Very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec—12-23-21—E.B.R.S.—400 Blks.

(Trimper)

E 07417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07417

CERTIFICATE OF DEATH.

100-901

1-PLACE OF DEATH

City of BALTIMORE (No. 506 Wyeth St St. 21-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Conrad Trimper

(a) Residence No. 506 Wyeth St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. White

5-If single, married, widowed or divorced (write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 8. 1845

7-AGE. 80 yrs. 8 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Tailor

(b) General nature of industry, business, or establishment in which employed (or employer). Custom work.

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Germany

14- (Informant). Mrs C. Gantner

(Address). 506 Wyeth St

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

81926 Per RRC

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/16/26

17- I HEREBY CERTIFY, That I attended deceased from February 13. 19 26 to Feby 16 19 26

that I last saw him alive on Feby 16 19 26

and that death occurred, on the date stated above, at 3 P M

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. L. Sullivan M. D.

2/16/26 (Address) 682 W Lt Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery

DATE OF BURIAL. 2/19/26

20-UNDERTAKER. Geo Lembach & Son

ADDRESS 647 W Pratt St

Insert sections on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 07418 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07418

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie McClennan,

(a) RESIDENCE NO. 714 W. Redwood St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 year yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip McClennan

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
Aged	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 FEB 8 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17- 19 26

17 I HEREBY CERTIFY, That I attended deceased from 3-18- , 19 25 to 2-17- , 19 26

that I last saw h[illegible] alive on 2-17-26 , 19

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis with Deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Nora McCormick M. D.

19 (Address) Maryland City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem DATE OF BURIAL Feb 19 1926

20 UNDERTAKER Wm. Cook ADDRESS 502 E North Ave

Spec.—1-12-23—MAT—500 Blks.

C/Kalousek

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07419

CERTIFICATE OF DEATH.

45 E 07419

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1918 Ashland Av. WARD 7-E)

2-FULL NAME Joseph Kalousek

(a) RESIDENCE NO. 1918 Ashland Av. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emily Szalousek

6 DATE OF BIRTH (month, day, and year): [illegible] 1856

7 AGE: Years 70; Months 10; Days 28; If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer): Mc Shane 06

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Emily Szalousek.

(Address) 1918 Ashland Ave.

15 Filed FEB 9 1926 C. HAMPSON JONES, M. D. Registrar

Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Feb 17, 1926, that I last saw h[illegible] alive on Feb 17, 1926, and that death occurred, on the date stated above, at 6:45 m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William A. Reuss, M. D.

1926 (Address) 611 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill — DATE OF BURIAL: Feb 20 1926

20 UNDERTAKER: August Pasch — ADDRESS: 240 Ashland Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07420

CERTIFICATE OF DEATH.

49 E 07420

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 6-3 (Ward)

2-FULL NAME Mr. Harry Smith

(a) RESIDENCE NO. 729 N. Curley St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 7/73

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Himself

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Edward Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Jannie E.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Jennett Ward

(Address) 729 N. Curley St

15 Filed 19

Per

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17- 1926

17 I HEREBY CERTIFY, That I attended deceased from [redacted] 1-11, 1926, to 2-17-1926,

that I last saw him alive on 2-17-, 1926,

and that death occurred, on the date stated above, at 10.15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Glands of Neck.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Glands of Neck

Did an operation precede death? No Date of July 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical Microscopic

(Signed) W. F. Bruns, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: 2/20 1926

20 UNDERTAKER: Philip Herring — ADDRESS 2016 Orleans

FEB 19 1926 C. HAMPSON JONES, M. D.

Per K K

TION IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07421

E 07421

CERTIFICATE OF DEATH.

9-574-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2201 Cecil Ave ST., 9 WARD)

2-FULL NAME Annie P. Streefer

(a) RESIDENCE NO. 2201 Cecil av ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: George M. Streefer

6 DATE OF BIRTH (month, day, and year): Sept 21/66

7 AGE — Years: 59 — Months: 4 — Days: 26 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework (037)

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Wm B. Gilbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen — 7/16

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Geo. M. Streefer

(Address): 2201 Cecil av

15 Filed ....., 19..... Registrar

C. HAMPSON JONES, M. D.

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/16 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 12, 1926, to Feb 16, 1926,

that I last saw h alive on Feb 15 1926

and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) .. yrs. .. mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Interstitium (duration) 5 yrs. .. mos. .. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas B Lehman M. D.

(Address) 718 N Patterson av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: 2/19 1926

20 UNDERTAKER: Philip Herwig — ADDRESS: 2016 Orleans St.

TION is very important. See instructions on back of certificates. ...ust be properly classified. Exact statement of OCCUPA-

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 07422

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07422

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3133 Baker ST. 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Thompson

(a) RESIDENCE. No. 3133 Baker ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Thompson

6 DATE OF BIRTH (month, day, and year) Oct 18 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Smeak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Rosa Lewellies

(Address) 3133 Baker St

15 Filed FEB 19 1926 C. HAMPSON JONES, M. D. Registrar

Per Hall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1925, to Feb 16, 1926, that I last saw her alive on Feb 15, 1926, and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Miles Wheeler, M. D.

2-18, 1926 (Address) 2929 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Kruses Cemetery	Feb 19 1926

20 UNDERTAKER W. M. Routson

ADDRESS 2238 W North

This is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07423

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 W. Montgomery ST. 22nd WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Braymond

(a) RESIDENCE NO. 122 W. Montgomery ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): June 19, 1924

7 AGE: Years 1 Months 7 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James Braymond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rosa Pinckney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Rosa Pinckney (Address) 122 W. Montgomery St

15 Filed FEB 19 1926 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 17 1926

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1926, to July 17, 1926, that I last saw her alive on July 16, 1926 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Unsure

(Signed) W. P. Smith, M. D.

July 18, 1926 (Address) 111 W. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hope Cem

DATE OF BURIAL: Feb 19 1926

20 UNDERTAKER: Fitz Brown & Son

ADDRESS: 108 W. Montgomery

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07424 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07424

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1705 McKean av St., 15-12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Myers

(a) Residence No. 1705 McKean St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word): Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Lydia Myers

6-DATE OF BIRTH (month, day and year): Dec 21 1841

7-AGE: 84 yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired 045

(b) General nature of Industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country): Md.

PARENTS.

10-NAME OF FATHER: John Myers

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Frock

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

11- (Informant) Mrs P.N. Fowler

(Address) 1905 McKean av

15- Received FEB 19 1926 C. HAMPSON JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 17/26

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 1926 to Feb 17 1926 that I last saw him alive on Feb 17 1926 and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) y. mos. 2 d.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) R. C. Metzel M. D.

2/17 1926 (Address) 1903 W. North av.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Pleasant Valley Cem	Feb 20 1926
20-UNDERTAKER. W M Rowlson	ADDRESS 2238 North

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07425

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07425

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 S. Patterson Park Ave ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Cohen

(a) RESIDENCE No. 134 S. Patterson Park ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Abraham Cohen

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Fiel Abramson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: A. Cohen

(Address) 134 S. Patterson Park

15 Filed FEB 19 1926 C. HAMPSON JONES, M. D. Registrar

For Weber

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13 1926, to Feb. 18 1926, that I last saw h[illegible] alive on Feb. 18 1926, and that death occurred, on the date stated above, at 2:15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) [illegible] yrs. [illegible] mos. 7 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Grace E. Stengler M. D.

2/18 1926 (Address) 2801 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem

DATE OF BURIAL: 2-19-1926

20 UNDERTAKER: Jack Levin

ADDRESS: 1439 E. Baltimore

CAUSE OF DEATH IS VERY important. See instructions on back of certificates. Exact statement of OCCUPATION of DECEASED must be given in plain terms, so that it may be properly classified.

Spec.—1-10 21—M&T—1500 Bks.

E 07426 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07426

11-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Ensor ST., 5-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael J. Burke

(a) RESIDENCE NO. 611 Ensor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Burke

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elev. 009

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel Belair

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Michael Burke

11 BIRTHPLACE OF FATHER (city or town) Ireland. (State or country)

12 MAIDEN NAME OF MOTHER Bridget Burke

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mrs. James L. Burke

(Address) 1210 Hanover Ave

15 FEB 19 1926 19 C. HAMPSON JONES, M. D. Registrar

Per Asst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1926, to Feb 17, 1926, that I last saw h alive on Feb 17, 1926, and that death occurred, on the date stated above, at 12:25 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Influenza? (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? ~~Clinical~~ no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D.

2-17-1926 (Address) 1002 Cleveland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Methodist Cemetery DATE OF BURIAL Feb 20 1926

20 UNDERTAKER Henry Hoerth Son ADDRESS 1201 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

E 07427 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07427

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) (WARD)

2-FULL NAME Hattie Barker.

(a) RESIDENCE NO. 922 McCulloh ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leo Barker

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Hardman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cora Dowel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant ..... (Address) Hospital Records

Filed FEB 19 1926 S. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1926, to Feb 17, 1926.

that I last saw her alive on Feb 16, 1926

and that death occurred, on the date stated above, at 12 05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clin Findings

(Signed) W. Oom McFaun Jr. M. D.

2-17-1926 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Columbia Cem. DATE OF BURIAL 2/19 1926

20 UNDERTAKER Broste Chapel Inc. ADDRESS 578 N Bell

Samuel H Bradley

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 07428 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07428

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) No 11 N. Pearl ST., 41 WARD)

2-FULL NAME Joseph Geffi

(a) RESIDENCE NO. No 11 N. Pearl ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 25 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schole

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Luis Geffi

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy.

12 MAIDEN NAME OF MOTHER: Rosali Geffi

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

14 Informant: Vincent Geffi

(Address) No 11 N Pearl st.

15 Filed 19 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28 - 1926, to Feb. 16 - 1926,

that I last saw h alive on Feb. 16 - 1926

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

(1) Anemia, secondary to

(2) Hypertrophy of gums + septic infection of mouth

(3) Leukemia (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pernicious anemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Sub-malary, physical ch

(Signed) Walter W Paul, M. D.

2/16 1926 (Address) 1300 St Paul st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery.

DATE OF BURIAL: Feb 19 1926

20 UNDERTAKER: Geo - L. Ruth

ADDRESS: 1735 Harford av.

OFFICE OF REGISTRATION OF DEATHS. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Write in plain terms, so that it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07429

E 07429

CERTIFICATE OF DEATH.

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 Bank ST., 21 WARD)

2-FULL NAME John Jacob Ruth.

(a) RESIDENCE No. 1830 Bank ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 11th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md. (State or country)

PARENTS

10 NAME OF FATHER John Ruth.

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Pearl Pinto.

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

14 Informant John Ruth. (Address) 1830 Bank St.

15 Filed FEB 19 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1926, to Feb 17, 1926, that I last saw h[illegible] alive on Feb 14, 1926, and that death occurred, on the date stated above, at 7 25 a. m.

The CAUSE OF DEATH* was as follows:

Pyemia Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible], M. D.

Feb 17 1926 (Address) 724 Cambridge Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Feb 19th 1926

UNDERTAKER Lilly & Geiler

ADDRESS 1033 Mosher St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07430

CERTIFICATE OF DEATH.

3 E 07430

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Asylum (St.) ..... (WARD) B

2-FULL NAME Arthur Stepter

(a) RESIDENCE NO. 705 Pennsylvania Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. Unknown mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Arthur Stepter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Annie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md

14 Informant Hosp Records
(Address) .....

15 Filed ..... 19 ..... Per ..... Registrar .....

FEB 19 1926

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1926, to Feb 16, 1926, that I last saw him alive on Feb 16, 1926, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (duration) ..... yrs. ..... mos. ..... ds.

Unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clin & Lab findings

(Signed) W. O. McFarlane M. D.

2-16, 1926 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 2/18 1926

20 UNDERTAKER J. J. Fahey Sons — ADDRESS 1315 Light St

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec. 1-10-21 M&T 1500 lbs.

Vogel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07431

CERTIFICATE OF DEATH.

89

E 07431

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3405 Foster Ave. ST., 76 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Vogel.

(a) RESIDENCE NO. 3405 Foster Ave ST., 76 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9 - 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wood sawyer.

(b) General nature of industry, business, or establishment in which employed (or employer) Canton Box Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Adam Vogel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Fenkel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Adolphus Vogel. (Brother)

(Address) 3405 Foster Ave

15 Filed FEB 19 1926 19

C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1926

17

I HEREBY CERTIFY, That I attended deceased from February 13, 1926, to Febry 17, 1926, that I last saw h[illegible] alive on Febry 16, 1926, and that death occurred, on the date stated above, at 11.55 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Carl V. Ellert, M. D.

Feby 19 1926 (Address) 100 8 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: Feb. 20 1926

20 UNDERTAKER: Tilly & Field ADDRESS: 403 S. Wolfe St.

FEB 19 1926

TION is very important. See instructions on back of certificates.

...ease print plainly in pencil, so that it may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07432

CERTIFICATE OF DEATH.

+84 E 07432

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Miss Myra Gray

(a) RESIDENCE No. 34 W. 4th St. Jacksonville, Fla. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Frank S. Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Jane Grinnald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

FEB 9 1926 S. HARRISON JONES, M.D.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1926, to Feb. 18 1926,

that I last saw her alive on Feb. 18 1926,

and that death occurred, on the date stated above, at 6:20 p. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor.

Type of Tumor undetermined

(duration) — yrs. ? mos ds.

CONTRIBUTORY (Secondary) Hydrocephalus

(duration) yrs. several mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Jan. 14, '26

Was there an autopsy? yes. Feb. 14, '26

What test confirmed diagnosis? Clinical & autopsy not complete

(Signed) J. C. Hunt M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Jacksonville, Fla.	Feb 19 1926

20 UNDERTAKER John A. Mitchell ADDRESS 120 N. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 07433 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07433

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 W Hill ST. 22-2 WARD)

REGISTERED NO. 001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Isaacs Gray

(a) RESIDENCE No. 111 W. Hill ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic - 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant Elzura Garrett
(Address) 1226 Lombard

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/14, 1926, to 2/16, 1926,

that I last saw h[illegible] alive on 2/16, 1926

and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy
x Paralysis

(duration) yrs. mos 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Burkett, M. D.

2/17, 1926 (Address) 2429 O St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Feb 19 1926

20 UNDERTAKER Chas H. Chasteen

ADDRESS 1400 N. Gilmor

FEB 19 1926 C. THOMPSON JONES, M. D.

TION is very important. See instructions on back of certificates.

Dr Gschnur 3201 Garrison Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07434

CERTIFICATE OF DEATH.

E 07434

REGISTERED NO. 15-4190

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3012½ Winfield Ave ST., (WARD)

2-FULL NAME Augusta Holschmacher

(a) RESIDENCE NO. 3012½ Winfield Ave ST., WARD Chicago Ill.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Holschmacher

6 DATE OF BIRTH (month, day, and year) Nov 26, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chicago Ill.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Archibald Holschmacher

(Address) 3012½ Winfield Ave

15 C. THOMPSON JONES, M. D.

Filed FEB 19 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Febr 11, 1926, to Febr 18th, 1926, that I last saw her alive on Feb 18, 1926, and that death occurred, on the date stated above, at 8 PM.

The CAUSE OF DEATH* was as follows:

Endocarditis ✓ Myocarditis

Broncho Pneumonia ?

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation Edema of Lungs

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Chicago

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination ✓ Observ.

(Signed) Joseph Gschnur M. D.

Febry 19 26 (Address) 3201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chicago, Ill

DATE OF BURIAL Feb 19 1926

20 UNDERTAKER J. H. Cook

ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 07435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07435

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 524 Norman ave ST. 21-1 WARD)

2-FULL NAME Edward Ferdinand Wiechert

(Residence in Baltimore: No. 524 Norman ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: 3 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, May (Month) 4 (Day), 1833 (Year)

7-AGE, 92 yrs. 9 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Cooper

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm B. Royer

(Address) 524 Normandy ave

15- Filed 1926 Per C. HAMPSON JONES, M. D. 191.... Registrar...

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 17 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) and other causes

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

Feb 17 1926 (Address) 2502 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, St Pauls Violettsville — DATE OF BURIAL, 2/19/26

20-UNDERTAKER Ger. Wiebert & Son — ADDRESS 2503 Edmondson

important. See instructions on back of certificate. CAUTION: Any erasure or alteration in this certificate is very

Spec. - 1-10-21. M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07436

E 07436

CERTIFICATE OF DEATH.

REGISTERED NO. 27-12129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 33 W Hamilton ave (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora M. Cobabe

(a) RESIDENCE NO. 33 W Hamilton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 4 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Emil L Cobabe

6 DATE OF BIRTH (month, day, and year): Oct 8th 1873

7 AGE — Years: 52 — Months: 4 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Remming

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Winkler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Emil L Cobabe

(Address) 33 W Hamilton ave

15 Filed 3-19 1926 C. HAMPSON JONES, M. D. Registrar

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Feb 17, 1926.

that I last saw her alive on Feb 17, 1926.

and that death occurred, on the date stated above, at 355 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam. of urine

(Signed) Robert L Green M. D.

2-18, 1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 21 1926

20 UNDERTAKER: Geo Schilling + Sons — ADDRESS: 1126 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

3-19-1926

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07437

CERTIFICATE OF DEATH.

6 E 07437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Dasher Ave ST.; 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lorraine Gilbert

(a) RESIDENCE. No. 1006 Dasher Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 1925

7 AGE — Years | Months: 2 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: John Gilbert.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Monroe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary Gilbert

(Address): 1006 Dasher Ave

15 Filed FEB 19 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 1926, to Feb 18 1926, that I last saw h alive on Feb 17 1926, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Tetanus

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Abscess

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Monroe, M. D.

Feb 19 1926 (Address) 939 N Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Feb 20 1926

20 UNDERTAKER: Jos. F. H. Rochester — ADDRESS: 1412 Fulton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 07438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 07438

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~722 Ajax St~~ St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Brown

(a) RESIDENCE NO. 722 Ajax St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Brown

6 DATE OF BIRTH (month, day, and year): May 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Md.

PARENTS

10 NAME OF FATHER: John Brown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): unknown

12 MAIDEN NAME OF MOTHER: Emiline Countess

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): nknown

14 Informant: Mary M. Burrell (Daughter)

(Address) 1435 Ashland Ave

15 Filed 19 C. CHAMPSON JONES, M. D.

B 1 9 1926 By RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(Slight stroke paralysis 3 wks ago)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Wales, M. D.

(Coroner)

1/18/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery Date of Burial Feb 20 1926

20 UNDERTAKER: J. H. Rochester ADDRESS: 1403 Jefferson St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07439

CERTIFICATE OF DEATH.

100-001

E 07439

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 E. Madison ST., 4-1 WARD)

2-FULL NAME Verdell C. Hall Jr.

(a) RESIDENCE NO. 1720 E. Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): November 26 1925

7 AGE — Years | Months: 2 | Days: 27 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~~ and

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Verdel Hall.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Agnes Saunders

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto., Md.

14 Informant (Address): Agnes Saunders 1720 E. Madison

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

FEB 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 16 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feby 12, 1926, to Feby 16, 1926, that I last saw h[illegible] alive on Feby 16, 1926, and that death occurred, on the date stated above, at 11 20a. m.

The CAUSE OF DEATH* was as follows:

Primary

Acute Broncho Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) C. H. Hampson, M. D.

2/17, 1926 (Address) 733 Ausquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Feb 20 1926

20 UNDERTAKER: Jos. T. H. Rochester — ADDRESS: 1813 Gilmore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07440

CERTIFICATE OF DEATH.

E 07440

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 Baker ST. 15-13 WARD)

REGISTERED NO. 157

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace H. Chase

(a) RESIDENCE NO. 1628 Baker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Richard W Chase

6 DATE OF BIRTH (month, day, and year) November 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Calvert County Md

PARENTS

10 NAME OF FATHER Jno. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md

12 MAIDEN NAME OF MOTHER Mary Born

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Ida Clement

(Address) 1628 Baker ST

15 Filed FEB 3 1926, 19.. C. HAMPSON JONES, M. D. Registrar

Per LK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 7th, 1925, to Feby 17th, 1926, that I last saw h[illegible] alive on Feby 16th, 1926, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene

(duration) yrs. 4 mos. ✓ ds.

CONTRIBUTORY (Secondary) Dementia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? yes Date of 2/2/26

Was there an autopsy? no Removal of Toe

What test confirmed diagnosis? none

(Signed) [illegible] Glasscock, M. D.

, 19 (Address) 1802 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvert Co Md.

DATE OF BURIAL 2/21 1926

20 UNDERTAKER Mrs Geo W. Dennis or F. E. Nelson

ADDRESS 1303 Breadtman St

TION IS very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07441

CERTIFICATE OF DEATH.

11-09

E 07441

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Riggs Ave ST. 16 WARD)

2-FULL NAME Thomas N. Brownan

(a) RESIDENCE NO. 1721 Riggs Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a ~~If married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Lillian Brownan

6 DATE OF BIRTH (month, day, and year) April 10 1857

7 AGE: Years 67 | Months 10 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Thomas Brownan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lavinia Thurman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Lillian Brownan

(Address) 1721 Riggs Ave

Filed FEB 19 1926 E. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 — 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 10 —, 1926, to Feb 15, 1926.

that I last saw him alive on Feb 15, 1926.

and that death occurred, on the date stated above, at 1:30A m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman, M. D.

Feb 16 1926 (Address) 2039 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Feb 19 1926

20 UNDERTAKER: Mrs James H. Dennis per T. E. Kelson

ADDRESS 1303 Broadway Sp

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07442

CERTIFICATE OF DEATH.

+90

E 07442

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 E Lanvale ST., 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Thomas Bowman.

(a) RESIDENCE NO. Freeland Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte V. Bowman.

6 DATE OF BIRTH (month, day, and year) Sept 24 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 088

(b) General nature of industry, business, or establishment in which employed (or employer) Shoemaker.

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

PARENTS

10 NAME OF FATHER David T. Bowman.

11 BIRTHPLACE OF FATHER (city or town) Phila (State or country) Pa.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Phila (State or country) Pa

14 Informant Gladys G. Reinsfelder (Address) 2234 E Lanvale St.

15 Filed 3 19 1926 C. HAMPSON JONES, M. D. Per Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-10 1926 to 2-15 1926.

that I last saw h alive on 2-15 1926

and that death occurred, on the date stated above, at 10 1 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) J. Ed Runyon M. D.

2-16 1926 (Address) 500 N Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem. Freeland Md. DATE OF BURIAL Feb 20 1926.

20 UNDERTAKER Walter P. McNamara ADDRESS 4114 Falls Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-19-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07443

CERTIFICATE OF DEATH.

127 E 07443

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3632 Fredenick St. WARD)

2-FULL NAME Mary Perregoy

(a) RESIDENCE NO. 3632 Fredenick St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: David Perregoy

6 DATE OF BIRTH (month, day, and year): July 1840

7 AGE — Years: 85 Months: 7 Days: 29 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Crossing Atlantic Ocean

PARENTS

10 NAME OF FATHER: John Brod

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Clara Poplemann

(Address): 3632 Fredenick Ave

15 Filed 3 19 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1926, to Feb 18, 1926.

That I last saw her alive on Feb 18, 1926,

and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:

Uraemia (Chronic Nephritis)

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) James F. Fitzgerald M. D.

2/18, 1926 (Address) 1724 E. Fredenick St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem.

DATE OF BURIAL: Feb. 20, 1926

20 UNDERTAKER: Chas. W. Dill

ADDRESS 3109 Fredk. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07444

CERTIFICATE OF DEATH.

E 07444

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 S Bonney ST., 1 WARD)

2-FULL NAME Wiktoria Wielgoz

(a) RESIDENCE NO. 1019 S Bonney ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. — mos. — ds. How long in U. S., if of foreign birth? 22 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1875 - Feb 2

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer in Packing House

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Anna Ratajczak

(Address) 1019 S Bonney St

15 Filed 1 1926 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb- 18 1926

17 I HEREBY CERTIFY, That I attended deceased from February 7, 1926, to February 18 1926, that I last saw her alive on February 17, 1926, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronushas, M. D.

2-19 1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem

DATE OF BURIAL Feb 22 1926

20 UNDERTAKER Stephen F Fiulkowski

ADDRESS 1000 S Kenwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Rev.—12-23-21—E.B.P.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07445 CERTIFICATE OF DEATH. 44 E 07445

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1511 Edmondson Ave. St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen C. Goodrich

(a) Residence No. 1511 Edmondson Ave. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 71 yrs. 1 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write which)
Male	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J. Goodrich

6-DATE OF BIRTH (month, day and year) Dec-1-1854

7-AGE. 71 yrs. 1 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) ? ? ? (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Goodrich

11-BIRTHPLACE OF FATHER (city or town) ? ? (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Susan M. Millner

13-BIRTHPLACE OF MOTHER (city or town) ? ? ? (State or Country), Maryland

11- (Informant) Mr. H. F. Goodrich (son)

(Address) 113 Augusta Ave.

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2/19/26

17- I HEREBY CERTIFY, That I attended deceased from Feb. 11 1926 to Feb 16. 1926

that I last saw h.. alive on Feb. 18 1926

and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Hemorrhage (rectal)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach.

(Duration) yrs. 6 ? mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of 12/18/25

Was there an autopsy? no

What test confirmed diagnosis? final signs.

(Signed) Geo. E. Wells M. D.

, 19 (Address) 1413 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Jarboesville-St. Marys-Co. DATE OF BURIAL. Feb 21 1926

20-UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

In print spring, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07446

CERTIFICATE OF DEATH.

101-001 E 07446

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 14 E.Madison St (ST.) 11-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institttion, give its NAME instead of street and number.)

2-FULL NAME Spalding Lowe Jenkins

(a) RESIDENCE NO. 14 E.Madison St ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 6 mos. ? ds. How long in U. S., If of foreign birth? 51 yrs. 6 mos. ? ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sara Boone Jenkins

6 DATE OF BIRTH (month, day, and year) Aug.? 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work President Md.

(b) General nature of industry, business, or establishment in which employed (or employer) State Fair Inc.

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER E.Austin Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Adelaide Lowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1926; to Feb 18, 1926, that I last saw h alive on Feb 18, 1926, and that death occurred, on the date stated above, at 2 40 0 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) one yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Thos H Thomas, M. D.

, 19 (Address) 12 E Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Mrs Sara Boone Jenkins (Wife)

(Address) 14 E.Madison St

15 Filed 3 19 1926, 19

C. HAMPSON JONES, M. D.

Registrar

Per —

16 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Fefy. 20, 26

17 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07447

E 07447

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Eleventh ST., Highlandtown 763 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Myers

(a) RESIDENCE NO. 108 N. Eleventh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elwood Myers

6 DATE OF BIRTH (month, day, and year) Mar. 19, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Huntsville, Alabama

PARENTS

10 NAME OF FATHER John E. Montgomery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessie

12 MAIDEN NAME OF MOTHER Eliza Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Mrs. Myra Furman

(Address) 5917 Christian St. Phila. Pa.

15 [illegible] THOMPSON-JONES M[illegible]

Registrar

FEB 19 1926

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18, 19 26

17

I HEREBY CERTIFY, That I attended deceased from Feby 13, 1926, to Feby 18, 1926, that I last saw her alive on Feby 17, 1926, and that death occurred, on the date stated above, at 12.25 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pelletier, M. D.

, 19 (Address) 811 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL FEB 20, 19 26

20 UNDERTAKER John K. Denny

ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07448

100-001

E 07448

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Madison ST., 10-2 WARD)

2-FULL NAME Mellie Raymond

(a) RESIDENCE NO. 1027 Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5y yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 28-1915

7 AGE — Years: 10 — Months: 2 — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer School Girl

9 BIRTHPLACE (city or town) (State or country) Bath City

PARENTS

10 NAME OF FATHER N. Raymond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bath Md

12 MAIDEN NAME OF MOTHER Millie parran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant N. Raymond

(Address) 1027 Madison St

15 Filed FEB 19 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 16 1926

17 I HEREBY CERTIFY, That I attended deceased from FEB-2-1926, 19 to FEB 16 1926, 19

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 4 8, m.

The CAUSE OF DEATH* was as follows:

General Tuberculosis

after Pneumonia

(duration) 3 yrs. 1 mos 14 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) 2 yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death? 1027 Madison

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) D. H. Parker M. D.

(Address) 428 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Iron Cemetery — DATE OF BURIAL: Jan. 20, 25

20 UNDERTAKER: Robert E. Williams — ADDRESS: 1515 McElderry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

James Parham

Cor.—12-9-25—A Co.—200 Bks.

E 07449

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-007

18 E 07449

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at 16-6

City of BALTIMORE: (No. Balt City Hospitals St., 16 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Parham

(a) RESIDENCE NO. 1671 Winchester St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Parham

6 DATE OF BIRTH (month, day, and year) July 24-1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oiler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Natrat Agency Co

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER James Parham Sr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Mrs Amanda Parham

(Address) 1135 Etting St

EB 19 1926

C. HAMPSON JONES, M. D.

19 Rec'd ____ 19 Per ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull Neck

& Arm R. leg Internal

& Injuries Accident

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) While Oiling Machinery

was caught by Belt

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) James W Pendon M. D.

(Coroner)

2 18 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Osbourn Cemetery Feb 21 1926

20 UNDERTAKER ADDRESS

Robert Williams 515 McElderry St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Frances Barbera.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07450

CERTIFICATE OF DEATH.

86-002

E 07450

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Presbyterian Eye, Ear, Throat Hosp. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbera, Frances.

(Residence in Baltimore: No. 919 Fawn St., St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 3 (Month), 3 (Day), 1917 (Year)

7-AGE, 9 yrs. mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School girl
(b) General nature of industry, business, or establishment in which employed (or employer). N.D.

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Daniel Barbera

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Emila Fumo

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Barbera

(Address) 919 Fawn St

15-

Filed ....., 191...

C. HAMPSON JONES, M.D. Registrar.

FEB 19 1926

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 19 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10, 1926, to Feb. 19 1926, that I saw her alive on Feb. 19 1926, and that death occurred, on the date stated above, at 2:20 p.m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Sub acute mastoiditis

(Duration) ....yrs. ....mos. 36 ds.

(Signed) E. W. Sickel M. D.

....., 191... (Address) Presbyterian Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Vincents

DATE OF BURIAL, 24 ..., 1926

20-UNDERTAKER Wendell Appelrouth

ADDRESS 330 E Bond

important. See instructions on back of certificate.

Spec.—1000-21 M&T 1500 Bks.

1890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07451

CERTIFICATE OF DEATH.

59-002

E 07451

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angelio Venangio

(a) RESIDENCE NO. 460 Glenn Edwards Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): child -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 4; Months; Days; If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Venangio

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Rosa Gennoso

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Per ..... Registrar

C. HAMPSON JONES, M. D.

FEB 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 18th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1926, to Feb 18th, 1926, that I last saw her alive on Feb 18th, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac disease

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary): Myocardial insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) A W Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cemetery

DATE OF BURIAL: 2/20 1926

20 UNDERTAKER: James A Jones

ADDRESS: 1201 N Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07452

CERTIFICATE OF DEATH.

58-001

E 07452

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Hope ST., 9-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Thomas

(a) RESIDENCE NO. 1921 Hope st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma V. Thomas

6 DATE OF BIRTH (month, day, and year): March 1st 1874

7 AGE: 52 Years 11 Months 15 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer): Worker

(c) Name of employer: Bessie Bod

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Thomas W. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Barbara Yost

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs. Emma Thomas

(Address) 1921 Hope st.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

FEB 19 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Feb 16, 1926

that I last saw h alive on Feb 16, 1926

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia

(duration) yrs. 1 mos. 16 ds.

CONTRIBUTORY (Secondary) Ephemeritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. C. Campbell M. D.

Feb 17, 1926 (Address) 1644 Harwood Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: 2 20 1926

20 UNDERTAKER: George J Keath

ADDRESS: 1735 Hurford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07453

CERTIFICATE OF DEATH.

11-E 07453

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 14 S. 1st St (Ward) Brooklyn 25-1

2-FULL NAME Mary E. Potee

(a) RESIDENCE. No. 14 S. 1st St. Brooklyn ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George E. Potee

6 DATE OF BIRTH (month, day, and year): Nov 3rd 1860

7 AGE — Years: 66 — Months: 3 — Days: 20 — If LESS than 1 day, hrs. or min.: 14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Frank Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary E Hartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Amelia Pattinson (Address) 14 S. 1st St. Brooklyn

15 Filed FEB 19 1926 C. HAMPSON JONES, M. D. Registrar Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 17th, 1926

17 I HEREBY CERTIFY, That I attended ~~deceased~~ from Feb. 14th, 1926, to Feb. 17th, 1926, that I last saw ~~her~~ alive on Feb. 16th, 1926, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia following influenza

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Otto Kleibel M. D.

2/19. 1926 (Address) 124-26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. — DATE OF BURIAL: Feb 20th 1926

20 UNDERTAKER: Leo. D. Cook — ADDRESS: 1731 Pratt St Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07454

CERTIFICATE OF DEATH.

90 E 07454

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 325 E. 24th. (ST.) 12-4 (WARD)

2-FULL NAME Thomas McClure Rutter

(a) RESIDENCE NO. 325 E. 24th. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Richards

6 DATE OF BIRTH (month, day, and year) June 13, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman 013

(b) General nature of industry, business, or establishment in which employed (or employer) Bolton Depot

(c) Name of employer Penn. Railroad

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Rutter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura M. Potee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Elizabeth R. Rutter

(Address) 325 E. 24th. Street

15 Filed FEB 19 1926 16 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 18th 1926

17 I HEREBY CERTIFY, That I attended deceased from January 5th, 1926, to February 17th, 1926,

that I last saw him alive on February 16th, 1926,

and that death occurred, on the date stated above, at 6:40 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Cachexia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical observation

(Signed) H. Conrad Bode, M. D.

, 19 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 2/20 19 26

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. Calvert St.

Spec.—1-10-21—M&T—1500 Bks.

E 07455

E 07455 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 916 Harlem Avenue (ST.) 16-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine M. Workman

(a) RESIDENCE NO. 916 Harlem Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles B. Workman

6 DATE OF BIRTH (month, day, and year): March 7, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pungoteague Va.

PARENTS

10 NAME OF FATHER: John W. A. Mears

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Hester Pewsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Charles B. Workman

(Address): 916 Harlem Avenue

15 Filed FEB 19 1926, 19 Per ... Registrar

O. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from ——, 1922, to Feb 19, 1926,

that I last saw h[er] alive on Feb 19, 1926,

and that death occurred, on the date stated above, at 1[20] A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. E.

(Signed) John S. Richardson M. D.

, 19 (Address) 130 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pungoteague, Va.

DATE OF BURIAL: 2/21, 1926

20 UNDERTAKER: Henry W. Mears & Son

ADDRESS: 805 N Calvert

Via B. C. & A. Steamboat - Escort Charles B. Workman

Spec.—1-10-21—M&T—1500 Bks.

E 07456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07456

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3165 Reeds ST. 70-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Reitterer

(a) RESIDENCE NO. 3165 Reeds ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): 7/18/26

7 AGE — Years: ✓ Months: ✓ Days: ✓ If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Frederick A. Reitterer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Emma Marie Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Frederick W. Reitterer

(Address): 3165 Reeds St.

15 [illegible] 19 1926

C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/7/19 26

17

I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...,

that I last saw h alive on ..., 19...,

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Premature 7 mo.

(duration) yrs. mos 15 days.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) J. Hillen Hemmeter M. D.

1/19, 1926 (Address) 200 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem.

DATE OF BURIAL: Feb. 20, 1926

20 UNDERTAKER: G. W. Dill

ADDRESS 3109 Frederick Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75.002 E 07457

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 28th WARD)

2-FULL NAME Annie Whelan

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 29- 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	19	
		10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Nursing

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Whelan

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary J. Murray

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Ireland.

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Md.

15 Filed 1 9 1926 C. HAMPSON JONES, M. D. Registrar. Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1924, to Feb 18th, 1926, that I last saw her alive on Feb 18th, 1926 and that death occurred, on the date stated above, at 10.10 P. m.

The CAUSE OF DEATH* was as follows

Chr. Paralysis- Post Senile Atheroma.

abt (duration) 2 yrs. 7 mos. 0 ds.

CONTRIBUTORY (Secondary) Senile Psychosis.

abt (duration) 3 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank J Hannery, M. D.

Feb 19, 1926 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Feb 20th 1926

20 UNDERTAKER Henry W Jenkins Sons

ADDRESS McCulloh & Orchard Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07458

E 07458

HEALTH DEPARTMENT—CITY OF BALTIMORE

113

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N. Eilum ST., 16-7 WARD)

2-FULL NAME Francis Tinley

(a) RESIDENCE NO. 807 N. Eilum ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs ..... mos ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE C | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/26/1924

7 AGE Years 1 | Months 6 | Days 22 | If LESS than 1 day.....hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ODO

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Joseph Tinley

11 BIRTHPLACE OF FATHER (city or town) B. West Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Bessie Crowe

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Mother
(Address) 807 N. Eilum St.

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/17/ 1926 to 2/18/ 1926.
that I last saw him alive on 2/18/ 1926
and that death occurred, on the date stated above, at 12:30 P. m.
The CAUSE OF DEATH* was as follows:

Cortico-Encephalitis
(acute)

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. W. Hawkins, M. D.

2/18/ 1926 (Address) 917 Eilum St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem | DATE OF BURIAL Feb 19 1926

20 UNDERTAKER Harold Carlin | ADDRESS 916 Mc

FEB 19 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 07459 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07459

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 Bradley St.; 17-6 Ward)

2-FULL NAME Jeremiah Frazier

(a) RESIDENCE. No. 734 Bradley St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col'd	Mar

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Benj. Frazier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant Iona Ready

(Address) 734 Bradley St

15 Filed 8 1926 C. HAMPSON JONES, M.D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15 1926, to Feb 17 1926.

that I last saw h[illegible] alive on Feb 17 1926.

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? N.

Did an operation precede death? N. Date of N.

Was there an autopsy?

What test confirmed diagnosis? J. Norwood, M. D.

(Signed) Feb 17 1926 (Address) 937 or Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Brooklyn Church Cem Md	Feb 19 1926
20 UNDERTAKER Harriet Eaton	ADDRESS 916 Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07460

CERTIFICATE OF DEATH.

101 - E 07460

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (ST.) 3-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Brown

(a) RESIDENCE NO. 49 S. Bond St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, ~~Widowed, or Divorced, (write the word)~~

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 9 - 1886

7 AGE Years 39 Months 5 ~~Sept~~ Days 10

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Ore

(c) Name of employer Finland

9 BIRTHPLACE (city or town) (State or country) Finland

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Finland

12 MAIDEN NAME OF MOTHER Caroline Jansen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Finland

14 Informant Charles Holliday

(Address)

15 Filed 1926 .19 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 19 - 1926

17

I HEREBY CERTIFY, That I attended deceased from 2 - 17 - .1926. to 2 - 19 - .1926.

that I last saw him alive on 2 - 17 - .1926,

and that death occurred, on the date stated above, at 1.55 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical —

(Signed) T. A. Bongardt M. D.

.19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner Health.

UNIVERSITY OF MARYLAND FEB 25 1926

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07461

99-001 E 07461

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 522 S Ann St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Cooper

(a) RESIDENCE NO. 522 S Ann St. ____ Ward ____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs B. Cooper

6 DATE OF BIRTH (month, day, and year)

7 AGE: 36 Years ____ Months ____ Days

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): 080

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Jack Lewis

(Address): 1439 E Balt St

Filed ____ 19____ C. HAMPSON JONES, M. D. Registrar

Per ____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Odema of Lungs

(duration) few hrs. yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) ____ yrs. ____ mos. 3 ds.

(Signed) James M. Fenlon M. D.

(Coroner)

2/18/26 (Address) 7002 Clay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Boston Mass

Date of Burial: 2/19 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balt St

R 1926

Instructions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-19 21 M&T 1500 Blks.

E 07462

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07462

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 10-7 ST. WARD)

2-FULL NAME John Fahey.

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
72 1854	Jan	17 1st	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Michael Fahey

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Catherine Connelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Florence (Address) Preston & Valley

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per R.P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 29 1925 to July 18 1926

that I last saw him alive on July 14 1926

and that death occurred, on the date stated above, at 3. P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

July 18 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters — DATE OF BURIAL July 20 1926

20 UNDERTAKER W. C. Medford — ADDRESS 914 Greenmount

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec., 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07463

E 07463

CERTIFICATE OF DEATH.

REGISTERED NO. 01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 E. 25th St. 12-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A. Lofgren

(a) RESIDENCE No. 409 E. 25th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter G. Lofgren

6 DATE OF BIRTH (month, day, and year): Dec 15-1847

7 AGE: Years 78 | Months 2 | Days 2 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) London (State or country) England

PARENTS

10 NAME OF FATHER Joseph Edkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elinor F. Dibley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant: Miss Emma Lofgren (Address) 409 E. 25th St.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

Per WPW

3 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926, to Feb. 17, 1926, that I last saw h[illegible] alive on Feb. 17, 1926, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Autointoxication

about 4 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Faecal Impaction, duct. large Right Inguinal Hernia

(duration) yrs. about 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual.

(Signed) J. Latrobe Ewell, M. D.

7/18, 1926 (Address) 2945 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem. DATE OF BURIAL: Feb. 20 1926

20 UNDERTAKER: Wm. L. Black ADDRESS: 427 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07464

CERTIFICATE OF DEATH.

1001 E 07464

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S. Monroe St., 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Adams Fowler

(a) RESIDENCE NO. 324 S. Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late Sophia Fowler

6 DATE OF BIRTH (month, day, and year): April 3 1849

7 AGE — Years: 76 Months: 10 Days: 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Brick Layer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Connecticut

PARENTS

10 NAME OF FATHER: Jobe Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Connecticut

12 MAIDEN NAME OF MOTHER: Mary L. Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Connecticut

14 Informant: William L. Fowler (Address) 424 N. Camden St

15 Filed 19 Registrar

C. HAMPSON JONES, M.D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 7 1926 to Feby 17 1926 that I last saw him alive on Feby 17 1926 and that death occurred, on the date stated above, at 6 10 m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

(duration) yrs. 1 mos 10 ds.

CONTRIBUTORY (Secondary): Acute bronchitis (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M C Trainger M. D.

2/18 1926 (Address) 682 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Feb 20 1926

20 UNDERTAKER: Jos Joerdens Son

ADDRESS: 2028 Pa

MAKE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONTRIBUTORY A-TION is very important. See instructions on back of certificates.

B 19 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07465

CERTIFICATE OF DEATH.

E 07465

REGISTERED NO. 374

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2437 Maryland Ave. WARD 17

2-FULL NAME Frances Olivia Booley

(a) RESIDENCE NO. 2437 Maryland Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Mar. 13 1849

7 AGE — Years: 76 Months: 11 Days: 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Peter Bosley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Rosalba Merryman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Mary E. Dooley

(Address) 2437 Maryland Ave.

15 Filed 19 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 18 1926

12 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1926, to Feb. 18, 1926, that I last saw h-e alive on Feb 18, 1926, and that death occurred, on the date stated above, at 10.15 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John H Carey, M. D.

19 (Address) 101 N Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem.

DATE OF BURIAL: Feb. 20 1926

20 UNDERTAKER: Wm Fickus Sons

ADDRESS: North Pa

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 07466

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07466

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST. Phipps Clinic WARD) 3

2-FULL NAME William Stuart Symington

(a) RESIDENCE NO. 7 E Eager St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. W. S. Symington

6 DATE OF BIRTH (month, day, and year): Feb. 6th 1871

7 AGE: Years 55 Months Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: judge

(b) General nature of industry, business, or establishment in which employed (or employer): ovr

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: W. S Symmington Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Celia Powers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Staunton Va

14 Informant: Mrs Symington

(Address): 7 E Eager St

15 Feb 19 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st 1926 to Feb 19 1926, that I last saw h[illegible] alive on Feb. 19th 1926, and that death occurred, on the date stated above, at 8 45 A. m.

The CAUSE OF DEATH* was as follows:

Septicaemia

Cerebral embolus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? Blood transfusion Date of Feb. 18th 26

Was there an autopsy? Yes

What test confirmed diagnosis? Lab. tests.

(Signed) F. I. Wertheimer, M. D.

Feb 4th 1944 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Garrison Forest Cem DATE OF BURIAL: Feb 21 1926

20 UNDERTAKER: Henry H Jenkins & Co ADDRESS: Orchard & Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AGE should be stated EXACTLY. PHYSICIANS should state

31

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07467

CERTIFICATE OF DEATH.

15 E 07467

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Woden St. 10-1 WARD)

2-FULL NAME Moxine A Stickley

(a) RESIDENCE No. 1003 Woden St ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29. 1926

7 AGE — Years — Months — Days: 19 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Russel A Stickley

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Va

12 MAIDEN NAME OF MOTHER: Eva A. Painter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Russel A Stickley

(Address) 1003 Woden St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1926, to Feb 18, 1926,

that I last saw her alive on Feb 18, 1926,

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Pemphigus

Neatonum

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H W. Wheaton, M. D.

, 19 (Address) 4309 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: Feb 20 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Northern

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 07467

31 1926

Spec.—1-10-21—M&T—1500 Bks.

E 07468

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001
E 07468

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1917 Pattison ~~East~~ St. East Baltimore WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia M Koellein

(a) RESIDENCE NO. 1917 Pattison Place WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 23 1927

7 AGE: Years 1 Months 5 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Koellein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mother Pritchfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Henry Koellein

(Address): 1917 Pattison Place

15 FEB 20 1926 C. HAMPSON JONES, M. D. Registrar

Per Rpt

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15 1926

17 I HEREBY CERTIFY, That I attended deceased from February 15 1926 to February 18 1926.

that I last saw her alive on February 17 1926,

and that death occurred, on the date stated above, at 5-30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Ex Laceration

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert C Squiberg M. D.

2/18 1926 (Address) 2027 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Feb 20 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 07469

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-E 07469

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 768 St Peters St 21-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H Bradford Jr

(a) Residence No. 768 St Peters St St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 23-25

7-AGE. yrs. 7 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) 0 0

(c) Name of employer

9-BIRTHPLACE (city or town) Md (State or Country),

PARENTS.

10-NAME OF FATHER, Herbert Bradford

11-BIRTHPLACE OF FATHER (city or town) S Carolina (State or Country),

12-MAIDEN NAME OF MOTHER, Emila Skinner

13-BIRTHPLACE OF MOTHER (city or town) S. Carolina (State or Country),

14- (Informant) William H Bradford

(Address) 768 St Peter St

15- (Filed) FEB 20 1926 C. HAMPSON JONES, M. D., Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 19, 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 13, 1926, to Feb 19, 1926.

That I last saw her alive on Feb 19, 1926.

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows

Bronchopneumonia

(over)

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward A Morgan, M. D.

, 19 (Address) 1522 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet

DATE OF BURIAL. Feb 20, 1926

20-UNDERTAKER. Wm Cook

ADDRESS 502 E North Ave

2 0 1926

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

JONES

E 07470 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07470

CERTIFICATE OF DEATH.

74-004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1426 Ramsay St. (St.) 19-2 (Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie B. Jones

(a) RESIDENCE NO. 1426 Ramsay St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George O. Jones

6 DATE OF BIRTH (month, day, and year) June 6, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) Housework 4 yrs

(c) Name of employer ——

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Geo O. Jones

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Annie B. Roach

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Balto Md.

14 Informant Bertha Pluck (Address) 1426 Ramsey St

15 Filed 2 0 1926 19 C. HAMPSON JONES, M. D. Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17, 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1925, to Feb. 17, 1926,

that I last saw h[illegible] alive on Feb. 17, 1926,

and that death occurred, on the date stated above, at 9:15 a.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 5 yrs mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edmund V. Cordelia M. D.

(Address) 2628 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL Feb 20th 1926

20 UNDERTAKER A. Jones

ADDRESS W. S. Gilmor

CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates. PHYSICIANS should state AGE should be stated EXACTLY.

Spec.—1-10-21—M&T—1500 Blks.

E 07471 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07471

CERTIFICATE OF DEATH

X 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Blake

(a) RESIDENCE NO. West River Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Benom Blake

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Madel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant (Address) James Blake. West River md

Filed FEB 20 1926, 19

C. HAMPSON JONES, M.D.

Per RRX Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18, 1926.

17

I HEREBY CERTIFY That I attended deceased from Feb 4, 1926, to Feb 18, 1926.

that I last saw him alive on Feb. 16, 1926,

and that death occurred, on the date stated above, at 5.00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the stomach

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Terminal Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of Feb 13, 1926

Was there an autopsy?

What test confirmed diagnosis? Operation.

(Signed) Wm J. Brown, M. D.

19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Adams Chapel West River Md

DATE OF BURIAL 2/20 1926

20 UNDERTAKER Mrs Geo H. Dennis per T. A. Nelson

ADDRESS 1303 Freeman St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07472

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07472

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Myrtle ave ST. 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Brown.

(a) RESIDENCE NO. 415. Myrtle ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 18 78

7 AGE — Years: 48 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): at Home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): A. A. Co Md,

PARENTS

10 NAME OF FATHER: John A Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): A. A. Co md

12 MAIDEN NAME OF MOTHER: Suidann Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): A. A. Co md.

14 Informant: Henrietta Brown

(Address): 1340 Stockton St,

15 Filed 2 0 1926 C. HAMPSON JONES, M. D. Registrar

Per R P H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb, 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1926, to Feb 18, 1926.

that I last saw her alive on Feb 18, 1926

and that death occurred, on the date stated above, at 6.5 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John C Stewart M. D.

2-19, 1926 (Address) 704 W Lafayette Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion cemtery — DATE OF BURIAL: 2/21 1926

20 UNDERTAKER: Mrs Jas. H. Dennis per H. E. Kilson — ADDRESS: 1303 Presstman St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

E 07473

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07473

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Jack Johnson

(a) RESIDENCE NO. Fairfield Ind St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or....min.
		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Ind -
(State or country)

PARENTS

10 NAME OF FATHER Jack C. Johnson

11 BIRTHPLACE OF FATHER (city or town) S. Car -
(State or country)

12 MAIDEN NAME OF MOTHER Hattie Tolbert

13 BIRTHPLACE OF MOTHER (city or town) N. Car -
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....
Registrar
Per .....

B 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12 1926, to Feb. 13 1926, that I last saw h alive on Feb. 13 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. W. Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL Feb 20 1926

20 UNDERTAKER

ADDRESS

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Pks.

E.07474

HEALTH DEPARTMENT—CITY OF BALTIMORE

E.07474

CERTIFICATE OF DEATH.

17-2-002

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2040 Wilkens ave St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Henry Joseph Scheuermann

(a) Residence No. 2040 Wilkens ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna Scheuermann

6-DATE OF BIRTH (month, day and year) Nov. 16, 1855

7-AGE, 70 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). Baltimore, Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Charles

11-BIRTHPLACE OF FATHER (city or town) Germany
(State or Country),

12-MAIDEN NAME OF MOTHER, Anna Winderlieff

13-BIRTHPLACE OF MOTHER (city or town). Germany
(State or Country),

14- (Informant) Annie Scheuermann

(Address) 2040 Wilkins ave

15-

Filed ..... 192.....

2 0 1926

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 17, 1926

17- I HEREBY CERTIFY, That I attended deceased from May 25, 1925 to Feb. 17, 1926.

that I last saw ~~him~~ alive on Feb. 17, 1926.

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. H. Isaacs M. D.

, 19 (Address) 2114 Wilkens ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Feb 22, 1926

DATE OF BURIAL.

20-UNDERTAKER. John J. Fields

ADDRESS 1200 N Lombard

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07475 E 07475

CERTIFICATE OF DEATH.

161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Alderman

(a) RESIDENCE NO. 333 Pressman St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Black | 5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 13, 1926

7 AGE Years: | Months: | Days: One | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Archie Hayden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Olivia Alderman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant W E Sisson

(Address) Johns Hopkins Hospital

15 FEB 20 1926 C. HAMPSON JONES, M. D. Registrar

Par RPA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1926, to Jan. 14, 1926, that I last saw her alive on Jan. 14, 1926, and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) W E Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL Feb. 20 1926

20 UNDERTAKER

ADDRESS

W. B. WHITE PEARL, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 07476 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07476

CERTIFICATE OF DEATH. 188-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp' ST. 14-1 WARD)

2-FULL NAME Susie Smith

(a) RESIDENCE NO. 1404 Madison av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Smith

6 DATE OF BIRTH (month, day, and year) [illegible] 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER Rose Rydant

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Wm Smith
(Address) 1404 Madison av

Filed FEB 20 1926 192 C. HARPER JONES
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Scalp. Caused by falling down stairs
Septicaemia (duration) yrs. mos ds. by auto. accident

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) W. J. Foley, M. D.
(Coroner.)
Feb. 19, 1925 (Address) 1639 Bruns

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 2-21 1926

20 UNDERTAKER John H. Soader — ADDRESS 1027 Hundred ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Blks.

E 07477

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07477

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3220 Eastern Ave ST., 1-4 WARD)

2-FULL NAME Charles F. Munk

(a) RESIDENCE NO. 3220 Eastern Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Munk

6 DATE OF BIRTH (month, day, and year) Dec 9, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hess & Sons

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Henry S. Munk
(Address) 3220 Eastern Ave

15 Filed FEB 20 1926, 19 C. HAMPSON JONES
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to Feby 17, 1926, that I last saw him alive on Feby 16, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 7 mos ... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? Clinical

(Signed) Caleb W. Athey, M. D.

Feby 17 1926 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Feb. 20, 1926

20 UNDERTAKER Henry Sander & Sons, Inc. — ADDRESS 1710 Fleet St.

FEB 20 1926

P. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07478

E 07478

CERTIFICATE OF DEATH.

100-

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Gough ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Taylor

(a) RESIDENCE No. 1732 Gough St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 29. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Victor A. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Margaret E. Stratemeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Margaret E. Taylor

(Address) 1732 Gough St

15 Filed FEB 20 1926, 19 P. C. Registrar RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 17, 19 26, to Feb 19, 19 26,

that I last saw him alive on Feb 19, 19 26,

and that death occurred, on the date stated above, at 130 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos G. Volkmann M. D., M. D.

Feb 19 1926 (Address) 1x30 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ist Evangelical Cem.

DATE OF BURIAL: Feb 22 1926

20 UNDERTAKER: Henry Sander Sons Inc

ADDRESS: 1710 Mt. Holly St

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07479 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07479

CERTIFICATE OF DEATH.

161-8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S Fremont St 21-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gracia V Faro

(a) RESIDENCE No. 232 S Fremont ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Sing Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2, 04, 26

7 AGE — Years | Months | Days: 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Orazio Faro
11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)
12 MAIDEN NAME OF MOTHER Sarah J Dellagna
13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Orazio Faro
(Address) 232 S Fremont St

15 2 0 1926 C. HAMPSON JONES, M. D. Registrar
By RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2, 19 1926

17 I HEREBY CERTIFY, That I attended deceased from 2, 14, 1926, to 2, 19, 1926, that I last saw her alive on 2, 18, 1926, and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth
Fr Postab Month
(duration) Fr birth yrs. mos. ds.

CONTRIBUTORY (Secondary) Inertia
(duration) Fr birth yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of
Was there an autopsy? —
What test confirmed diagnosis?
(Signed) L J Burlington, M. D.
2/19/1926 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents Cemetery — DATE OF BURIAL: 2/20 1926

20 UNDERTAKER: George J Ruth — ADDRESS: 1735 Hanford Ave

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QUESTION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07480

129 E 07480

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 11-2 Ward)

2-FULL NAME George W. Johnson

(a) RESIDENCE NO. ~~932~~ S. Eutaw St St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Johnson

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): (Stevedore)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country)

14 Informant Lucy Johnson (wife)
(Address)

15 Filed _____, 19 _____
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Feb 18/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis with hypertension
(Uremic Coma)
(Autopsy at Hopkins Hospital)
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Terminal Lobular Pneumonia
(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Collins, M. D.
(Coroner)
, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion — Date of Burial: Feb 21 1926

20 UNDERTAKER: H. I. Brown & Son — ADDRESS: 1080 Monty

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

320 1926

RRH

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07481

CERTIFICATE OF DEATH.

118-02

E 07481

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 27-9 Ward)

2-FULL NAME Mary L. Lansley

(a) RESIDENCE NO. 207 W. Oakdale Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Lansley

6 DATE OF BIRTH (month, day, and year) May 10-1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Isaac Taylor

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Taylor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Ellen Williams (Gaughter)

(Address) 6 Dowey Ave

FEB 20 1926 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Feb 19/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis -ruptured intestine due to volvulus

(Autopsy at Hopkins Hospital

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) _____

(duration) ...yrs. ...mos. ...ds.

(Signed) [signature] M. D.

(Coroner)

2/20/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial 2/23/1926

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 07482 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 07482

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 Wilson St. 10-2 WARD)

2-FULL NAME Rose a. Bauder

(a) RESIDENCE NO. 1021 Wilson St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of child.

6 DATE OF BIRTH (month, day, and year) Feb. 15 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	2	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John J. Bauder

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Edith M. Beckenfred

13 BIRTHPLACE OF MOTHER (city or town) Penn. (State or country)

14 Informant John J. Bauder (Address) 1021 Wilson

15 Filed FEB 20 1926 C. HAMPSON JONES, M. D. Registrar

Per EAB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1926, to Feb. 18, 1926, that I last saw h[illegible] alive on Feb. 18, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Ulcerative Bronchi Pneumonia

Purulent Meningitis

Otitis Media

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Thos Fa Stevens, M. D.

2/19, 1926 (Address) 2676 Stafford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Feb. 22, 1926

20 UNDERTAKER Elmer W. Conklin — ADDRESS 924 E Eager St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

07483

HEALTH DEPARTMENT—CITY OF BALTIMORE 07483

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH St Vincents Infant Asylum

REGISTERED NO.

CITY OF BALTIMORE: (No. 1401 Druid ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Buoy

(a) RESIDENCE NO. St Vincents Infant Asyl ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divoreed, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17, 1925

7 AGE: Years | Months: 5 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant St Vincents Infant Asyl (Address)

15 Filed Per C. H. HAMPSON JONES, M. D. Registrar

B 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to Feb 18, 1926,

that I last saw him alive on Feb 18, 1926,

and that death occurred, on the date stated above, at 7.45 a m.

The CAUSE OF DEATH* was as follows:

Acute bronchio pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Influenza.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exams & clinical data

(Signed) Albert Jaffe, M. D.

, 19 (Address) 208 E. Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Feb 20 1926

20 UNDERTAKER: Everton Tabler & Son — ADDRESS: 644 W Fayette ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Special 1-0-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07484

CERTIFICATE OF DEATH.

E 07484

1885 7/4

51

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Bennett

(a) RESIDENCE No. 1738 Pattlandas ST., ... WARD .....
(Usual place of abode) Ashland Ave
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	17	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Md.

PARENTS

10 NAME OF FATHER James Bennett

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per .....

FEB 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28th 1926 to Feb. 16th 1926.

that I last saw h[illegible] alive on Feb. 16th 1926,

and that death occurred, on the date stated above, at 2350 m.

The CAUSE OF DEATH* was as follows:

acute rheumatic fever, mitral stenosis + insufficiency, aortic insufficiency, acute pericarditis

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore.

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) James E. Martin M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Marys County	Feb. 20 1926
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1725 Ashland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. E[illegible] of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] CATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07485

CERTIFICATE OF DEATH.

38 ~ E 07485

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 6-1 Ward)

2-FULL NAME Emma R. Thomas

(a) RESIDENCE NO. 1606 Orleans St St._____ Ward_____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Thomas

6 DATE OF BIRTH (month, day, and year) Sept 25/1890

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	35	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER George Langford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) St. Mary's Co Md

12 MAIDEN NAME OF MOTHER Lucy Wise

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant George Thomas

(Address) 1606 Orleans St

Filed 19 C. HAMPSON JONES, M. D. Registrar

Per RPH

B 20 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute & Chr. Nephritis -Uremic Coma
(Metallic Poisoning?)
Sclerosis of Coronary & Carotid arteries. (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Syphillis-Autopsy at Hopkins Hospital (duration) ....yrs. ....mos. ....ds.

(Signed) J. C. Guthrie, M. D.
(Coroner)

2/19/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Laurel Cemetery	Feb 20 1926
20 UNDERTAKER	ADDRESS
Mrs. R. C. Elliott	1125 Ashland Av

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 07486

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07486

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 225 E. Hoath St — ST. 24-2 WARD)

2-FULL NAME John Wm Smith Jr.

(a) RESIDENCE NO. 225 E Hoath ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifteen mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille Isabella

6 DATE OF BIRTH (month, day, and year) Aug 19 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Fidelity Insurance Co.

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER John Wm Smith

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Lucie Pinnock

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Lucille Smith
(Address) 225 E. Hoath St

15 C. HAMPSON JONES, M. D. Registrar

B 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1926

17 I HEREBY CERTIFY, That I attended deceased from February 12, 1926, to February 19, 1926,

that I last saw him alive on February 19, 1926

and that death occurred, on the date stated above, at 5-25 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Schmunck M. D.

19 (Address) 1337 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet DATE OF BURIAL Feb. 22 1926

20 UNDERTAKER Wm Cook ADDRESS 1512 E. Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 lbs.

E 07487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07487

CERTIFICATE OF DEATH

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 707 (St.) Woodbourne Ave (WARD) 27-9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Durgin

(a) RESIDENCE NO. 707 (St.) Woodbourne Ave (WARD)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha E. Durgin

6 DATE OF BIRTH (month, day, and year): May 10, 1866

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Retired (3 yrs)

(c) Name of employer: Pa. Water & Power Co. Port Deposit Md.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm M. Durgin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Concord N.H.

12 MAIDEN NAME OF MOTHER: Sarah E. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Martha E. Durgin

(Address): 707 Woodbourne Ave.

15 FEB 20 1926 19 C. HAMPSON JONES, M. D. Registrar

Per R.C.B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May, 1924, to Feb 19, 1926, that I last saw h— alive on Feb 18, 1926 and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical physical findings

(Signed) D. H. Bishop, M. D.

(Address) 501 Sheridan Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem.

DATE OF BURIAL: Feb. 22 1926

20 UNDERTAKER: Wm J. Fickus Sons

ADDRESS: North Pa

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07488

CERTIFICATE OF DEATH.

3M E 07488

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N. Lakewood ST., 7-3 WARD)

2-FULL NAME John J. League

(a) RESIDENCE No. 635 N. Lakewood ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret League

6 DATE OF BIRTH (month, day, and year): Sept 1 1864

7 AGE — Years: 61 — Months: 5 — Days: 18 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marine engineer

(b) General nature of industry, business, or establishment in which employed (or employer): 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Edw Cake

(Address) 635 N. Lakewood ave

15 Filed ..... 19 ..... Registrar RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19 1926

17 I HEREBY CERTIFY, That I attended deceased from November 1925 to Feb 19 1926

that I last saw him alive on Feb 19 1926

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis -

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis.

(duration) ..... yrs. 4 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Sputum examination.

(Signed) Louis H. Grumman M. D.

, 19 (Address) 922 N. Lemwood Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Feb 22 1926

20 UNDERTAKER: F. A. Krause & Son — ADDRESS: 783 Hamm

FEB 20 1926

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 MAT 1500 Blks.

E 07489

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07489

CERTIFICATE OF DEATH.

REGISTERED NO. 22-2100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 127 W. Lee ST. WARD)

2-FULL NAME Thelma M. Rivett

(a) RESIDENCE NO. 127 W. Lee ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 19, 1923

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
2	11	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John H. Rivett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Sadie Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): John H. Rivett 127 W. Lee St.

15 Filed FEB 20 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 31, 1926, to Feby 19, 1926, that I last saw h[illegible] alive on Feby 18, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Cold

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) W. D. Smith M. D.

19[illegible] (Address) 111 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery Balto. — DATE OF BURIAL: Feb 20 1926

20 UNDERTAKER: F. A. Krauss & Son — ADDRESS: 703 Hanover

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07490

CERTIFICATE OF DEATH.

129 E 07490

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 659 W Lafayette St. 11-1 WARD)

2-FULL NAME Stanley Schenkevich

(a) RESIDENCE NO. 659 W. Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ogitus Schenkevich

6 DATE OF BIRTH (month, day, and year): 5/8/74

7 AGE: Years 51 Months 9 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: Stanislaus Schenkevich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lith.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lith.

14 Informant: Mrs. Gough

(Address): 659 W Lafayette

Filed FEB 20 1926 C. HAMPSON JONES, M. D., Registrar

Per Pott

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/19/1926

17 I HEREBY CERTIFY, That I attended deceased from 1/25/26, 19..., to 2/19/26, 1926,

that I last saw h— alive on 2/19/26, 19...

and that death occurred, on the date stated above, at 4:35 A m.

The CAUSE OF DEATH* was as follows:

Empyema — chr Bronchitis — Myocarditis & Dilation — chr Endocarditis

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard Sang, M. D.

2/20/1926 (Address) 910 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 22, 1926

20 UNDERTAKER: John Grebliunas — ADDRESS: 1121 S. Paca St.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 07491

Registered No. C 101-E 07491

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1000 N. Carrollton Ave St.; 16-6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Liliane Nelson

(Residence in Baltimore: No. 1000 N. Carrollton Ave St.; yrs. mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write this word)
Fem	Col	Single

6-DATE OF BIRTH Feb 15, 1926 (Month) (Day) (Year)

7-AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Thomas Edwin

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Ethelyn Freeman

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Liliane Nelson

(Address) 0007 N. Carrollton

15- FEB 20 1926 C. HAMPSON JONES, M. D. REGISTRAR

Per RPW

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 19, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14, 1926, to Feb 19 1926, that I saw h[illegible] alive on Feb 19, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) [illegible]

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Charles H. Thomas M. D.

2-20, 1926 (Address) 712 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL [illegible] DATE OF BURIAL 2-20, 1926

20-UNDERTAKER [illegible] ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 07492

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07492

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Latrobe Place 12-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Green

(a) RESIDENCE No. 1718 Latrobe Pl ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Margaret Jones

(Address) 1716 Latrobe Place

15 FEB 20 1926 C. HAMPSON JONES, M. D. Registrar

Per R K A

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 12 19 26 to Feb 14 19 26.

that I last saw h alive on Feb. 13 19 26

and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Analysis

(Signed) C. Jones, M. D.

Feb 14 19 26 (Address) 1716 Latrobe Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Feb 20 1926

20 UNDERTAKER: David Eaton & Sons

ADDRESS: 714

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 07493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Dr Emmin 1034 Broadway.

100 E 07493

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 204 N. Eutaw ST., 6-3 WARD)

2-FULL NAME Mary Jane Spangler.

(a) RESIDENCE NO. 204 N. Eutaw ST., 6 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late George A. Spangler.

6 DATE OF BIRTH (month, day, and year) July 15th 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Pa.

PARENTS

10 NAME OF FATHER Tyson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna Unknown

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Leona Spangler (Address) 204 N. Eutaw St.

15 Filed FEB 20 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20 1925 to Feb. 19 1926 that I last saw her alive on Feb. 19 1926, and that death occurred, on the date stated above, at 7.45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Arterio-Sclerosis

(duration) Chronic yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Milton H. Cumin, M. D.

Feb 19 1926 (Address) 1034 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill York Pa. DATE OF BURIAL Feb. 23rd 1926

20 UNDERTAKER Lilly & Geiss ADDRESS 4038 Wolfe St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

E 07494

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07494

100-00

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. 73-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis W. Smith

(a) RESIDENCE NO. 1819 Hanover ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Feb 1845

7 AGE — Years: 81 yr. — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: John W. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Melinda Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Baltimore City Hospitals Records

15 Filed FEB 20 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to Feb. 18, 1926, that I last saw him alive on Feb. 18, 1926, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lindsay Miller, M. D.

2/19 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 2/20/1926

20 UNDERTAKER: Ellen Leon

ADDRESS: 502 E. Lexington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07495

CERTIFICATE OF DEATH.

49 E 07495

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 21-2 WARD)

2-FULL NAME Charles R. Bobbitt

(a) RESIDENCE NO. 101 E. Rogers Ave ST., WARD Arlington Rd

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie R. Bobbitt

6 DATE OF BIRTH (month, day, and year) May 23 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder 016

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Home

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Cornelius Bobbitt

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Anna Gill

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Charles R. Bobbitt (Address) Hospital Grounds

15 Filed FEB 20 1926 19 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1925 to Feb 18 1926, that I last saw him alive on Feb 18 1926, and that death occurred, on the date stated above, at 1:20 P m.

The CAUSE OF DEATH* was as follows:

Infiltrating Carcinoma of Urinary Bladder

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 12-11-25

Was there an autopsy? No

What test confirmed diagnosis? Operation & Section

(Signed) William E. Lehmann, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carroll's Mt. E. Bello Cond

DATE OF BURIAL Feb 21 1926

20 UNDERTAKER John Burns Sons

ADDRESS Towson

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 07496 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07496

CERTIFICATE OF DEATH. 49

1-PLACE OF DEATH Baltimore City Hospitals Registered No.

City of BALTIMORE: (No. Bay View Asylum St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emanuel Hodson (Contraction)

(a) Residence No. 31 Parsney Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Divorced

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Annie Hodson

6-DATE OF BIRTH (month, day and year): Jan. 14 1859

7-AGE: 67 yrs. 1 mos. 5 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Pottery Worker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): New Jersey

PARENTS:

10-NAME OF FATHER: Emanuel Hodson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): New Jersey

12-MAIDEN NAME OF MOTHER: Sarah Barber

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Chicago Ill.

11- (Informant): Bay View Records

(Address): City Hospitals

15- Filed 1926 G. HAMPSON JONES, M. Registrar.

Per

FEB 20 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 18 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1926, to Feb 18 1926, that I last saw him alive on Feb 18 1926, and that death occurred, on the date stated above, at 4 15 P. m.

The CAUSE OF DEATH* was as follows:

Advanced Primary Carcinoma of neck & metastasis

(Duration) 6 1/2? yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(Duration) yrs. mos. 1 d. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Jno P Campe Jr M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Trenton N J. DATE OF BURIAL: Feb. 20th 1926

20-UNDERTAKER: Joseph L. B. Cook ADDRESS: 1003 N. Gay St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 07497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07497

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 N Eulaski St., 15-12 Ward)

REGISTERED NO. 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Cohen

(a) RESIDENCE NO. 1618 N Eulaski St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 9 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto city Md

PARENTS

10 NAME OF FATHER Louis Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Fannie Zeschinsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 E Balto St

15 FEB 20 1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1926, to Feb 20, 1926

that I last saw her alive on Feb 19, 1926,

and that death occurred, on the date stated above, at 12.00 m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Hemolytic Strep. Culture

(Signed) Edgar F Friedenwald, M. D.

, 19 (Address) 1616 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lehrer Mem Park — DATE OF BURIAL 2/21 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balto St

Spec—12-23-21—E.B.R.S.—400 Blks.

E 07498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07498

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

City of BALTIMORE: (No. Bay View Asylum St., 77-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad Donaldson

(a) Residence No. 309 South Hanover Street Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1867 - 1867

7-AGE. 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm Donaldson

11-BIRTHPLACE OF FATHER (city) (State or Country), Baltimore Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth ?

13-BIRTHPLACE OF MOTHER (city) (State or Country), Baltimore Maryland

14- (Informant) Hospital Records

(Address) Baltimore City Hospitals

15- Filed FEB 20 1926 C. HAMPSON JONES, M. D. Registrar.

Per RKP

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 19-1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 30, 1925, to Feb 19, 1926.

that I last saw h[illegible] alive on Feb 19, 1926.

and that death occurred, on the date stated above, at 7A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

& Metastasis

(Duration) unknown ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of unknown

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Facts

(Signed) Jno P Chase J M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Sacred Heart — DATE OF BURIAL, 2/20, 1926

20-UNDERTAKER, 88 Fahey & Sons — ADDRESS 1315 Eighth

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07499 E 07499

CERTIFICATE OF DEATH.

32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2129 Vine ST. N-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Marie Sims

(a) RESIDENCE NO. 2129 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Nov 18-1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Bernard A Sims

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wash D.C.

12 MAIDEN NAME OF MOTHER: Mamie Sheldon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Bernard A Sims.

(Address) 2129 Vine St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1926, to Feb 2, 1926.

that I last saw h~~e~~ alive on 2, 1926

and that death occurred, on the date stated above, at 1 30 A. m.

The CAUSE OF DEATH* was as follows:

Meningitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Colitis DB.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Dunn, M. D.

, 19 (Address) 4427 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: 2-21 1926

20 UNDERTAKER: James Dignan & Son. ADDRESS: 1000 S Paca St

FEB 20 1926 C. HAMPSON JONES, M. D. Registrar

Per DRH

3.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07500 E 07500

CERTIFICATE OF DEATH. X 119

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes' Hospital (St.) 1700 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Jennie Garrett

(a) RESIDENCE NO. 514 W. Mulberry ST. WARD North Carolina

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wells M. Garrett

6 DATE OF BIRTH (month, day, and year) April 6 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	34	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Race Sawyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Trafton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Willis M. Garrett

(Address) 514 Mulberry St

15 Filed FEB 21 1926 19 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1926 to Feb. 19, 1926,

that I last saw her alive on Feb. 19, 1926,

and that death occurred, on the date stated above, at 6 00 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Retrocecal abscess

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/13/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Theron Hunter M. D.

2/19, 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
South Mills N C	Feb 20 1926
20 UNDERTAKER	ADDRESS
W M Kinton	2238 N Monroe

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 07501

CERTIFICATE OF DEATH.

E 07501

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 228 N. Hugh St., 5-N Ward)

2-FULL NAME Anthony Muncellino

(a) RESIDENCE NO. 228 N. Hugh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 16 1924

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	1	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Jackson Co Miss

(State or country)

PARENTS

10 NAME OF FATHER Angelo Muncellino

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Josefine Rambello

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Angelo Muncellino

(Address) 228 N Hugh St.

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

FEB 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1926, to Feb 20, 1926, that I last saw h.. alive on Feb 20, 1926, and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Measles

(duration) ....yrs. ....mos. 18 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Anthony F Vitaliano, M. D.

Feb 20 1926 (Address) 1638 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent Date of Burial Feb 21 1926

20 UNDERTAKER Frank Ericson ADDRESS 1906 Bolton

P. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07502

CERTIFICATE OF DEATH.

11-001

E 07502

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4607 Towanda ave ST., 15 WARD)

2-FULL NAME Selma Berger

(a) RESIDENCE No. 4607 Towanda ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work /

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Max Berger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Celia Glosser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant (Address) Jack Lewis 1439 Eutaw St

Filed FEB 21 1926 CLAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-20 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1926, to Feb 20, 1926, that I last saw h[illegible] alive on Feb 20, 1926, and that death occurred, on the date stated above, at 6:30 p. m.

The CAUSE OF DEATH* was as follows:

"La Grippe"

(duration) yrs. mos 38 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonica

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edgar B Friedenwald, M. D.

, 19 (Address) 4616 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 2/21 1926

20 UNDERTAKER Jack Lewis 1439 Eutaw St — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 07503 (12 9)

REGISTERED NO. E 07503

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST. 15-3 WARD)

2-FULL NAME Dorothy Seidel

(a) RESIDENCE NO. 2810 Ulman Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: Years 17; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Meyer Seidel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Fanny Schneider

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant: Jack Lewis

(Address): 1439 Eutaw St.

15 Filed FEB 21 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/19 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/16, 1926, to 2/19, 1926,

that I last saw her alive on 2/19, 1926,

and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Diffuse Nephritis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab findings

(Signed) J. Herbert Lurie, M. D.

2/19, 1926 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 2/21 1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07504

CERTIFICATE OF DEATH.

57 E 07504

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 Whittier Ave ST. 13-5 WARD)

2-FULL NAME Chia Esther Shalowitz

(a) RESIDENCE No. 2320 Whittier Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U.S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jack Shalowitz

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Antonn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Antonn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 E Balt St

15 Filed FEB 21 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18 1926

17

I HEREBY CERTIFY, That I attended deceased from March 15, 1923, to Feb 18, 1926, that I last saw h[illegible] alive on Feb 18, 1926, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 16 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion, Acidosis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis, Observation, Blood chemistry

(Signed) Joseph E Dickinson M. D.

Feb 19 1926 (Address) 3701 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Hermon Rem	2/22 1926
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E Balt St

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 07505

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 07505

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 2817 Linfson St. St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Rose Betty Lewis

(a) Residence No. 2817 Linfson St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lucius Lewis

6-DATE OF BIRTH (month, day and year): February 29th 1853

7-AGE: 72 yrs. 11 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Richmond Co Va.

PARENTS:

10-NAME OF FATHER: James Carter

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Va

12-MAIDEN NAME OF MOTHER: Mary Robinson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Richmond Co Va.

14- (Informant): Sophia Sydnor

(Address): 2817 Linfson St.

15- Filed FEB 27 1926 192.. Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): February 20/26

17- I HEREBY CERTIFY, That I attended deceased from January 5th 1926 to Feb 20th 1926

that I last saw her alive on Feb 19th 1926

and that death occurred, on the date stated above, at 7.07 P.M.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis

Arteriosclerosis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Bronchitis

(Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) J. W. Hutchinson M.D. M. D.

2/20, 1926 (Address) 401 E 25th St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 2/22/1926

20-UNDERTAKER: Mrs. Ks. R. Holland — ADDRESS: 1631 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Asso.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*b*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid the use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("pneumonia," unqualified, is indefinite); *Tuberculosis of the lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Operations:
Feb. 2, 1926
Tracheotomy + Laryngoscopy
Feb. 13, 1926
Uterine suspension
appendectomy
Feb. 19, 1926
Drainage of
retrocecal abscess.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07506

CERTIFICATE OF DEATH.

12 | E 07506

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. ..... ST., 0 | WARD)

2-FULL NAME Charles A. Snyder

(a) RESIDENCE NO. 2925 Erdman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Florence Snyder

6 DATE OF BIRTH (month, day, and year) Nov 8 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) Employer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Adam Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt.

14 Informant Florence Snyder
(Address) 2925 Erdman Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

FEB 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1926, to Feb. 19, 1926, that I last saw him alive on Feb. 19, 1926, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Feb. 8, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. | DATE OF BURIAL Feb 22 1926

20 UNDERTAKER Frank McTeik | ADDRESS 915 N. Gay

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 29th DAY MAR.
OF 1965 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #E04271- Dec. 2, 1925 AND
ENDING WITH #E07506- Feb. 21, 1926 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Public Works
BUREAU OF Bldg. Inspect. AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul

END OF REEL